PROVINCE OF PRINCE EDWARD ISLAND

DEPARTMENT

OF

HEALTH AND SOCIAL SERVICES

FOURTH ANNUAL REPORT

1983 - 1984

Honourable Albert P. Fogarty, Minister

FOURTH ANNUAL REPORT

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Province of Prince Edward Island
1 April 1983 to 31 March 1984

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Charlottetown
Prince Edward Island
March 31, 1984

The Honourable J. Aubin Doiron
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

I beg to submit, herewith, for your consideration the fourth annual report of the Department of Health and Social Services for the fiscal year ended March 31, 1984.

I have the honour to be,
Sir,
Your obedient servant,

Albert P. Fogarty
Minister of Health and Social Services

Honourable Albert P. Fogarty chatting with Jennifer Costello, Grade 10 student at Colonel Gray High School and Mel Wilson, 1st Year University Student at UPEI.

DEDICATION

This Annual Report is dedicated to the youth of Prince Edward Island in recognition of 1985, the International Year of Youth.

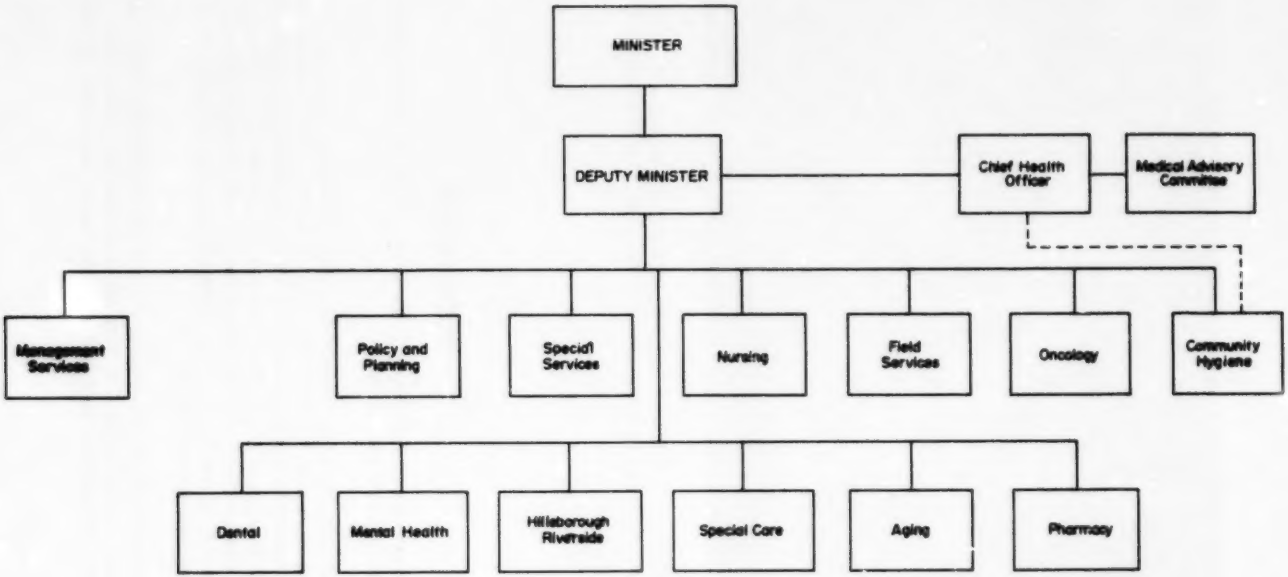
The future of our province indeed lies with the children and youth of today. It is in their hands that we leave what has been and what is, for the future is theirs. The Department of Health and Social Services offers many services to children and youth in the hope that the supports and services will help give them the opportuinty to build a sound and balanced future. From immunization of children and dental care, through protection services, family supports and mental health and many other services, the department directs its energies toward the well-being of young people.

Our youth indeed face an uncertain future but with appropriate supports and understanding there is no question that they will overcome any obstacles in their way to self-fulfilment, and a productive contribution to the social and economic life of the province.

GENERAL ORGANIZATION

P.E.I. DEPARTMENT OF HEALTH & SOCIAL SERVICES

31 MARCH 1984



DEPARTMENTAL LEGISLATION

1. Addiction Foundation Act
2. Addiction Services Act
3. Adoption Act
4. Change of Name Act
5. Child Care Facilities Act
6. Children's Act
7. Chiropractic Act
8. Community Care Facilities Act
9. Cornea Transplant Act
10. Dental Profession Act
11. Dental Student Loan and Dental Practice Establishment Loan Act
12. Dispensing Opticians Act
13. Family & Child Services Act
14. Health Services Payment Act
15. Hillsborough Hospital Act
16. Hospital and Diagnostic Services Insurance Act
17. Hospitals Act
18. Human Tissue Gift Act
19. Licensed Nursing Assistants Act
20. Marriage Act
21. Medical Act
22. Mental Health Act
23. Nurses Act
24. Old Age Assistance Act
25. Optometry Act
26. Pharmacy Act
27. Practice of Physiotherapy Act
28. Premarital Health Examination Act
29. Provincial Sanatorium Act
30. Public Health Act
31. Queen Elizabeth Hospital (Amalgamation) Act
32. Registered Occupational Therapists Act
33. Rehabilitation of Disabled Persons Act
34. Venereal Diseases Prevention Act
35. Vital Statistics Act
36. Welfare Assistance Act
37. White Cane Act

Charlottetown
Prince Edward Island
March 31, 1984

Honourable Albert Fogarty
Minister
Department of Health and Social Services
P.O. Box 2000
Charlottetown, Prince Edward Island

Honourable Minister:

I have the honour to submit to you the fourth annual report for the Department of Health and Social Services for the period April 1, 1983 to March 31, 1984.

Respectfully submitted,

Keith Wornell
Deputy Minister

DIVISION OF ONCOLOGY SERVICES

D. E. Dryer, M.D., F.R.C.P.(C), Director

The Division of Oncology Services provides consultations in oncology, drug treatment of cancer, follow-up of patients previously treated for malignancy and compilation of information on the incidence and mortality of malignant disease in Prince Edward Island.

An out-patient Oncology Clinic has been functioning in the Special Services area of the Queen Elizabeth Hospital since April, 1982. One day a week a similar clinic is held in the Out-Patient Department of the Prince County Hospital.

An important addition to this Clinic and to the care of in-patients in the Queen Elizabeth Hospital has been the opening of a position for Oncology Nurse. This was successfully filled by Mrs. Cathie Bernard in June, 1983. She holds her appointment with the Department of Nursing at the Queen Elizabeth Hospital. She has been trained to assess the medical and psychological needs of patients with cancer as well as the actual administration of chemotherapy (antineoplastic drugs) under physician supervision to patients in the Clinic and in the hospital. She received a two week training session at the Princess Margaret Hospital of the Ontario Cancer Institute in Toronto, Ontario in July, 1983. The expenses were covered by the Department of Health and Social Services. Another R.N., Mary Sterling, has been trained at the Queen Elizabeth Hospital as a back-up substitute when Mrs. Bernard is not here.

Chemotherapy (antineoplastic drugs) was administered to in-patients and out-patients at the two hospitals. Most treatments consisted of multiple intravenous drugs.

Statistics:

Number of consultations/referrals		314
Number of patients receiving chemotherapy		118
Queen Elizabeth Hospital	99	
Prince County Hospital	15	
Both Hospitals	4	
Number of chemotherapy treatments		619
Number of patient reviews/investigations		2,242
Number of patients referred off-Island		25

(Most off-Island referrals were for complex radiation treatment or special investigations not available in P.E.I., e.g., CAT scanning)

The majority of patients requiring radiation treatment were referred to Dr. W. T. Hooper at the Queen Elizabeth Hospital.

The Division provides cancer incidence and mortality data to Statistics Canada. The sources of information are pathology reports provided to the Division by the Department of Laboratories of the Queen Elizabeth Hospital and a monthly list of cancer deaths from Vital Statistics.

DIVISION OF DENTAL PUBLIC HEALTH

R. G. Romcke, D.D.S., D.D.P.H., F.R.C.D.(C), Director

Purpose

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program and the Preventive Orthodontic Program.

The Division's administration offices and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centres throughout the province. Dental Clinics are also operated at the Summerside Health Centre and the St. Jeans Elementary School in Charlottetown, In addition, Preventive Dental Clinics are operated on a part-time basis in O'Leary, Tignish, Morell, Souris, Montague and Murray River.

The Children's Dental Care Program has as its objective, the achievement and maintenance of good dental health by all children in the province. The program commenced in 1971 with six year old children. The original plan called for the addition of one or two age groups each year until all children up to age 18 were covered.

The plan was followed until June 1984 when three year olds were removed from the program and further expansion was postponed. The program covered children aged 4-16 until April 1983 when a major cutback removed children aged 13-16 years. As a result the program now covers children aged 4-12 years.

The program provides dental health education, preventive services and dental treatment in mobile and permanent Department of Health and Social Services Clinics and in private dental offices in a total of fourteen centres throughout the province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible pre-school and school-aged children receive regular care beginning at an early age.

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give presentations in schools, kindergartens and to youth and other groups. During the year division staff visited most of the elementary schools in the province and participated in a variety of health promotional activities.

Preventive Dental Services are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the province. Preventive services include the topical application of fluoride and fissure sealants. in 1983-84 a total of 15,442 children received preventive services at fourteen centres.

Dental Treatment is provided in Department clinics and by private dentists in various centres throughout the province. During 1983-84 a total of 16,944 children received dental treatment. Of this number, 9,401 were treated by private dentists while 7,543 were treated in Department of Health and Social Services Clinics.

Progress Toward Objective

In 1971, when the program commenced, the dental health of children in the province was deplorable. The average child had two infected teeth with seven additional teeth requiring large restorations (fillings). Regular dental care was being received by only 20% of school-aged children and 5% of pre-school children.

In 1982, the long range objective of the children's dental care program; namely, good dental health for all children, was achieved. Approximately 90% of all children were receiving dental care on a regular basis, the extraction of teeth due to dental caries was a rare occurrence and children required an average of just over one dental restoration each

year. Essentially all children had good dental health.

Present Status of Children's Dental Health

Essentially all children aged 0-12 years are receiving regular dental care and have good dental health.

As a result of the program cutback in April 1983 many children aged 13-16 years are not receiving required dental treatment and will develop serious dental problems in the near future.

Most children aged 13-16 still have good dental health, as a relatively short period of time has elapsed since they were removed from the children's program. Present indications are that 60% to 65% of these children are receiving regular dental care at their parents' expense or through private dental plans. Relatively few of the remaining 35% to 40% who are not receiving regular dental care have yet developed serious dental problems. However, within a very few years the majority of these children will have poor dental health.

Staff

The program cutback had a major effect on the staff of the Dental Division which was reduced by one dentist, one orthodontist, one dental hygienist and six dental assistants.

Dr. Barry Maze, who made a tremendous contribution to the program during eight years of services, accepted a teaching post in Saskatchewan.

Dr. Alex Eastwood, our orthodontic consultant, now provides services to the department on a periodic part-time basis rather than full time.

Normal staff turnover together with successful efforts by Ron Lewis of the Civil Service Commission and Rick Callaghan, formerly Director of Human Resources for the department, made it possible to offer displaced dental assistants alternate positions.

The Preventive Orthodontic Program provides preventive and interceptive orthodontic services to children covered under the Children's Dental Care Program. The objectives of the program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

This program provides services to approximately one-third of all children at one time or another. Each year 700-800 children are referred to the clinic by private dentists and clinic dentists.

During the past year, a total of 1,781 children attended the preventive orthodontic clinic. Of this number, 474 children were treated with orthodontic appliances.

Dental Manpower

The province has an adequate supply of dentists who are well distributed throughout the province. There is also an adequate supply of dental hygienists and dental assistants in all areas of the province. Present indications are that a surplus of dentists will develop over the next few years.

Demonstration Project

A demonstration project to assess the long term effectiveness of fissure sealants in preventing dental caries has been in operation for the past five years. Fissure sealants are plastic films which are used to cover the fissures and grooves of the biting surfaces of teeth and thereby prevent dental caries on these tooth surfaces.

After five years 85% of all sealed tooth surfaces remained successfully sealed. An additional 12% of sealed teeth were restored due to dental caries on non-sealed surfaces. Only 3% of sealed surfaces required restorations due to failure of the sealant.

Fissure sealants are effective in preventing dental caries, but their cost effectiveness requires additional study. Cost effectiveness is dependent upon whether sealants are placed by dentists or dental auxiliaries and on the ability to identify which tooth surfaces will become carious if they are not sealed. Work is continuing on this question.

Fissure sealants are now being used routinely in Department dental clinics. The results to date are most satisfactory.

ATLANTIC PROVINCES ORAL HEALTH SURVEY

A dental health survey of Grade 1 and Grade 8 children in the four Atlantic Provinces was carried out in April and May 1982. The results of this survey confirm that the dental health of P.E.I. children is greatly improved from past years and is at a very satisfactory level. The results also show that P.E.I. Grade 1 and Grade 8 children have significantly better dental health than children in the other Atlantic Provinces

SUMMARY OF PREVENTIVE SERVICES

	Number of Children	
	1982-83	1983-84
Total for 16 centres	20,189	15,442

SUMMARY OF TREATMENT SERVICES

	Number of Children	
	1982-83	1983-84
Public Health Clinics	9,722	7,543
Private Dentists	11,837	9,401
	21,559	16,944

PREVENTIVE ORTHODONTIC CLINIC

	Number of Children	
	1982-83	1983-84
Children attending	1,949	1,781
Children treated with appliances	510	474
New children assessed	746	704
Children completed	961	733

PROVINCIAL SANATORIUM COMPLEX

W. R. Stewart, M.D., Director

SPECIAL CARE UNIT

Purpose

A 63 bed Special Care Unit is located in the Provincial Sanatorium Complex. It is designed for patients of all ages needing continuous medical and nursing care at a level slightly lower than a general hospital but yet offering more than a nursing home.

Patients treated in this unit exhibit a wide variety of illnesses, with malignancies, cardiovascular diseases, severe respiratory problems and severe neurological disorders being the most abundant. A wide range of services is available to patients in this unit in addition to medical and nursing care, e.g. occupational therapy, physiotherapy and volunteer services. Speech therapy, prosthetics and orthotics are also provided on a consultation basis.

Statistics

	Special Care Unit	Chest Unit
Admissions	42	6
Discharges	9	9
Deaths	12	0
Average Daily Census	48.2	1

DIVISION OF TUBERCULOSIS CONTROL

Purpose

The function of the Division of Tuberculosis Control is the prevention, detection and treatment of Tuberculosis. Prevention and detection are the functions of the Out-Patient Chest Clinic Department.

Chest Clinics were held under the supervision of the Chest Clinic physician, Dr. W. R. Stewart at the Sanatorium, Charlottetown. Clinics were also held when necessary at the Health Centre, Summerside; Western Hospital, Alberton; and the Souris Hospital. At these clinics, which are operated in co-operation with the Division of Public Health Nursing, patients who are continuing their treatment for Tuberculosis at home are assessed at regular intervals. Ex-patients are reviewed, investigation and examination of contacts of Tuberculosis is done, and patients with chest diseases are seen on referral from family physicians.

Most tuberculosis patients receive their initial period of assessment and treatment in the Provincial Sanatorium. There were 4 new cases of active tuberculosis during this period. There were no deaths from tuberculosis.

Statistics

New Active Cases of Tuberculosis	4
Reactivations of Tuberculosis	0
Deaths from Tuberculosis	0
Out-Patient Chest Clinics	36
Visits to Clinics	1,005

Again this year as in previous years, a very successful barbecue was held for the patients of the Complex in July. The Sanatorium Complex volunteer group sponsored a Christmas Tea, a Halloween Party and a Spring Tea for the patients as usual.

Volunteers continue to be present each day in the patient's kitchen to provide tea, coffee and snacks for the patients during the afternoon.

Outings and picnics for the patients during the summer months were also provided by the volunteers who came during the year to read, write letters, shop and help in various ways to make the stay of the patients in this institution more enjoyable.

With the assistance of our maintenance man, the patients from this institution were again able to enjoy the facilities of our carpenter shop.

The wheelchair garden at the rear of the Complex was planted as usual and maintained by the patients.

A new unit was opened in the Sanatorium in September 1983 and is occupied with 18 long term mental patients requiring medical nursing care. These patients were transferred here from Hillsborough Hospital.

Since November 1983 the Addiction Services have occupied the East Wing of the Sanatorium Complex which was previously occupied by the Rehabilitation Center.

DIVISION OF COMMUNITY HYGIENE

Richard J. Davies, Director

Purpose:

The mandate of the Division of Community Hygiene is to promote and establish, through education, consultation and inspection standards which are in keeping with the Public Health Act of Prince Edward Island and its regulations.

With this objective, the Division of Community Hygiene has defined all its inspection programs under seven distinct categories; Food Protection, Occupational Health, Recreational/Institutional, Accommodations, Environmental Health, Education and Consultation.

Program: Food Protection

This area of responsibility includes such services as inspecting grocery stores, slaughterhouses, dairies, eating establishments and licensed premises. Services provided by the division in the course of theses inspections are: consultation to operators, approval and evaluation of plans for new and existing buildings, sampling and analysis of the drinking water supply, general inspection to ensure compliance with recommended stand-

ards of housekeeping procedures, maintenance and foodservice sanitation, routine swabbing of utensils and equipment for bacteriological analysis, and the investigation of complaints concerning foodservice sanitation or suspected foodpoisoning incidents.

Total Inspections — 3,925

Type of Inspection	1982-83	1983-84	% Increase (Decrease)
MANUFACTURING			
Retail Grocery Stores	600	385	(36%)
Slaughterhouses	160	230	44%
Milk Plants (In-Depth)	9	9	-
Milk Samples	1,100	300	(72%)
CONSUMER			
Eating Establishments	3,500	2.950	(16%)
Swab Samples	2,800	1,000	(64%)
Licensed Premises	400	300	(25%)
Swab Samples	3,500	900	(70%)

Program: Accommodations

This area of responsibility includes such services as investigating rental accommodation complaints, summer trailer courts, tenting and campgrounds, and tourist accommodations.

Total Inspections — 1,165

Type of Inspection	1982-83	1983-84	% Increase (Decrease)
PERMANENT			
Apartments, Rooming Houses	190	140	(26%)
TEMPORARY			
Tourism Establishments Hotels, Motels, Cottages and Campgrounds	1,320	1,025	(22%)

Rental Accommodation inspections are conducted following a complaint from either the tenant or the Provincial Rentalsman.

Program: Occupational Health Analysis

Occupational Health problems are referred to the Division by the Workers' Compensation Board, Department of Public Works, Unions or employees, for investigation and analysis. The Division works in close operation with Medical Services, Health Protection Branch of Health and Welfare Canada. All chemical analysis and some scientific equipment used in these investigations is made available by this Federal Government Agency.

	1982-83	1983-84	% Increase (Decrease)
Total Inspections	60	60	-

The types of problems investigated in the Occupational Health Analysis Program were:

- radiation from video display terminals.
- indoor air quality.
- analysis for asbestos fibre content.
- fumes emitting from building.
- analysis of urea formaldehyde foam insulation in private homes, and other buildings.
- testing for level of carbon monoxide.
- health standards for steam system (amines).

Program: Recreational & Institutional

These facilities are inspected to ensure they comply with the Public Health Act and Regulations thereof, as well as other Provincial Acts. Facilities included schools, day care centres, institutions and hospitals, nursing homes and swimming pools/saunas.

Total Inspections - 515

Type of Inspections	1982/83	1983/84	% Increase (Decrease)
Child Care Facilities	320	230	(28%)
Schools	95	95	-
Nursing Homes	50	50	-
Institutions/Hospitals	100	90	(10%)
Swimming Pools/Saunas	30	50	67%

Program: Environmental Health

All enquiries or complaints regarding environmental health problems are investigated. These complaints include such items as rodents and insects, pesticides, air pollution, dead animals, agricultural wastes, water, garbage, solid wastes and toxic chemicals. All complaints and enquiries are given priority.

Total Inspections - 420

Type of Inspection	1982/83	1983/84	% Increase (Decrease)
Complaints	450	220	(51%)
Enquiries	140	200	43%

Examples of nuisance complaints which were referred by the general public would be:

- garbage accumulation.
- uninhabitable dwellings.
- unsanitary washroom conditions.

One reason that contributed to a reduced number of Environmental Health complaints was that the Division no longer inspects faulty septic tank - sewage systems. This work is being solely conducted by the Department of Community & Cultural Affairs.

Examples of enquiries are:

- requests and interpretation of various regulations under the Public Health Act.

- microwave testing.
- shelf life of meat.
- shelf life of milk.
- freezer breakdown.

Program: Education

This program consists of both public and professional education. Education is a component of all Divisional programs. Owners and employees of the various facilities are taught proper sanitary measures and the Community Hygiene Health Officers are available at any time for consultation on this topic.

Eight National Sanitation Training Programs were conducted for 130 people. This brings to 1,450 the number of Island foodservice people who have successfully completed this Course. Other groups who received educational instructions from the Division include Supervisors and Managers of Dietary Staff at Queen Elizabeth Hospital, Custodians, Canadian Forces Base Summerside personnel, staff at Prince County Hospital and students at the Culinary Institute.

In addition, there are in-service education programs for the Community Hygiene Health Officers. They attended training courses in such areas as swimming pool sanitation and occupational health analysis.

Health Orders

The Division was obliged to serve three Island establishments with a Health Order for the closure of premises. (Two eating establishments and one slaughterhouse). Health Orders are issued only in the severest of circumstances where an inspection reveals gross violations of the regulations or where there exists a possibility that people's lives could be in jeopardy.

Conclusion

The Government restraint programme has caused a reduction in two full-time Community Hygiene Health Officers positions and one full-time Tourist Accommodation Inspector position within the Division. Consequently, a general decrease in all areas of work can be seen when comparing inspections performed in 1982/83 and 1983/84.

DIVISION OF MENTAL HEALTH

M. Triantafillou, M.D., Director

The purpose of the Division of Mental Health is to provide optimal and accessible mental health services to all persons in the province.

Psychiatric resources continue to be limited. In addition to the Director's administrative duties, Dr. Triantafillou provides psychiatric services to Hillsborough Hospital and the Queen Elizabeth Hospital, to Richmond Centre, Montague, and Souris. Dr. R. Worling, working four days a week, provides psychiatric services to Prince County Hospital, Summerside Community Mental Health Team and visiting services to O'Leary and Alberton. Dr. B. Spears provides services to the McGill Day Treatment Unit on a sessional basis.

A bursary program for psychiatric residents continues to operate to insure a source of future psychiatric service to the Province. There are presently two physicians studying under this program at Dalhousie University.

In the Fall of 1983, Hillsborough Hospital transferred 17 aging patients to the Special Care Unit at the Provincial Sanatorium.

The demand for mental health care in the Province continued to grow in the 1983-1984 fiscal year. At the same time staffing shortages in the psychiatric field remain. There is also a shortage of acute in-patient care beds at the Queen Elizabeth Hospital. This has been partially solved by opening 5 acute beds at Hillsborough Hospital, however, the solution is to be discussed and resolved on a more permanent basis in the near future.

COMMUNITY MENTAL HEALTH

Eugene A. MacDonald, Director

The purpose of Community Mental Health Services is to provide a range of mental health programs to individuals and families within their communities which will promote, maintain, or restore an optimum level of mental health for the citizens of Prince Edward Island.

Programs and Services

To achieve this aim, teams of professionals from the disciplines of psychiatry, social work, psychology, nursing, and occupational therapy operate in Summerside, Charlottetown, and Montague. Staff from the Summerside team provide services on a regular visiting basis to O'Leary and Alberton; Montague staff provide services to Souris. A day program, the McGill Day Treatment Unit, operates within the Charlottetown area.

Programs offer a wide range of professional services including direct treatment, as well as assessment and consultation to enhance the services of the community agencies who work with those individuals and families experiencing emotional and mental disorders.

Assessment and treatment services were delivered through a variety of modalities, including individual, marital, family and group approaches. Psychometric testing services were available in each county.

Referral Sources

Medical doctors continue to be the main referral source followed by individuals seeking counselling on their own initiative. Other sources include psychiatrists, hospitals, schools, the judicial system, government agencies, health professionals, and clergy.

Presenting Problems

Some of the major problem categories presented by clients include: depression, anxiety, marital and family problems, and long-term emotional disabilities.

Statistical Information System

October, 1983, marked the first full year of the computerized statistical information system developed in 1982 specifically for use within Community Mental Health services.

Statistics at the end of the fiscal year showed:

	1983-84	1982-83
Persons receiving services from Community Mental Health Teams	1,739	1,579
Number of Therapy sessions provided	9,508	8,728

A client/patient information form was designed to record referral details at the time a case is opened; treatment details and presenting problems are recorded when a case is closed.

Through the co-operation of all Community Mental Health staff, as well as through the Management Information Systems Unit, the information system is working extremely well and is providing accurate, up-to-date data.

Education/Information Services

Community Mental Health services continue to provide educative-preventative programs to the Island. Requests for educational presentations remain strong. Because of increased demand upon staff, however, many requests had to be turned down. In spite of this staff were able to provide:

Educational Presentations:	86
Number of Persons Attending:	2,600

Community Mental Health presentations were made to several organizations including the Prince Edward Island Home and School Association, Anderson House, the Rape Crisis Centre, the Atlantic Police Academy, and the Prince Edward Island Civil Service; to supervisors and managers at the Queen Elizabeth Hospital; to students at the P.E.I. School of Nursing, Holland College, and three regional high schools; to youth workers, guidance counsellors, nurses, parents, teachers, and the general public across the Island.

Topics covered a wide range with Child Management, Treatment of Sexual Abuse in the family, Family Therapy, Depression and Suicide, Parenting Workshops, Crisis Counselling, and Stress Management proving popular.

Staff Changes

Within the division there were a minimum of staff changes during the fiscal

year. Leah Mayne joined the Montague Team, helping to provide an increased nursing capacity in the Kings County area.

Due to budget cuts, an important staffing factor was the vacating of the occupational therapy positions in Montague and Summerside, as well as the nursing and occupational therapy positions at Richmond Centre. This placed considerable strain on staff at a time when demand for service showed an increase.

CHARLOTTETOWN TEAM

During the past year, staff at Richmond Centre worked extensively in the area of liaison and consultation, especially with the Canadian Mental Health Association and with the Department of Health and Social Services.

C.M.H.A. Liaison-Longworth House-New Directions — Subsequent to this survey, a new residence was opened in Charlottetown by the Canadian Mental Health Association. Named Longworth House, this residence serves the needs of chronically mentally ill patients as recommended in the Residential Need Survey. Mr. Bradley serves that program on a professional-consultative basis and continues to be involved also with New Directions.

The New Directions day program designed to aid in the socialization of chronically mentally ill patients in the community continues.

Field Services — Liaison/Co-ordination — There has been on-going liaison work between the Field Services division of the Department of Health and Social Services and Richmond Centre. The purpose has been to examine the process and procedures for referral to provide better co-ordination of services between the two units. There has also been on-going liaison work between the Centre, family service agencies, and nursing homes.

SUMMERSIDE TEAM

The Summerside Team continued its liaison work with School Units and the Department of Health and Social Services to ensure a co-ordination of services. The Team commenced one evening a week services for clients who could not attend during the day.

Expanded Service — There was an expansion of services to western Prince County with Doctor Robert Worling, psychiatrist, and Mr. Roy Griffin, Co-ordinator of the Summerside Team, providing more days per month to the area in psychiatric and counselling services.

During the fiscal year the Summerside Team completed the Needs Study on the Chronic Population in the Prince County area and continued to provide After-Care services through the Medication (Moditen) Clinics.

MONTAGUE TEAM

New Staff Addition — Within the last fiscal year with the addition of Phil Smith, psychologist, the Montague Team has been able to add a new dimension to its service component. As well, with the addition of Leah Mayne to the team, there has been the ability to provide improved psychiatric nursing services especially directed to the After-Care program for the chronic population.

The team continues to provide services to Souris on a one-day-a-week basis. Psychiatric services continue to be made available to Montague and Souris on a part-time basis from Charlottetown.

McGILL DAY TREATMENT UNIT

The McGill Day Treatment Unit provides mental health services to persons who do not require hospitalization but need more than out-patient services.

Types of patients served are those with restrictive social and leisure activities, long-term neurotic disorders requiring daily contact, as well as patients who are in transition from hospital to community living. Referrals were accepted from physicians, psychiatrists, social agencies and individual professionals.

During the fiscal year the McGill Treatment Unit received referrals from a variety of sources. One of the main referral sources is the Queen Elizabeth Hospital (Unit 9). In order to provide a smooth transition for patients from the hospital to McGill Day Treatment Unit, nursing staff from McGill began to attend ward rounds at the hospital. This was seen as being very useful in providing efficient service delivery.

Medication Clinics — The After-Care Medication Clinics continue to receive demand for service. In the Charlottetown, Montague, Souris, Summerside, and Alberton clinics there was a total of:

139 patients attending, per month
200 injections given, per month

The emphasis during the last year has focused on expanding the program to include on-going assessment, monitoring patients' progress, and providing opportunity for improved socialization skill among this population.

SUMMARY

In the last year there was a pattern of increased demand for Community Mental Health services on the Island. This demand was characterised not only by the increased number of cases but by the complexity of the cases. For this reason more staff time and effort was required.

Through the co-operation and hard work of staff, services continue to be provided at a high professional level.

HILLSBOROUGH HOSPITAL
and
RIVERSIDE HOME OF SPECIAL CARE

J. A. Fraser, Administrator

This year has been an eventful one for the institution. Basic planning for replacement of the old buildings was completed, tenders awarded and demolition began. The students and staff of the School for Licensed Nursing Assistants were relocated outside the hospital in order to provide accommodation for patients who formerly occupied the Health Building (the first to be demolished). Eighteen patients and five employees of the nursing department were transferred to the Special Care Unit at the Provincial Sanatorium where quarters had been prepared. These patients were physically as well as mentally handicapped and the new quarters provided better facilities for basic nursing care.

In December, the Health Building was turned over to the demolition crew, who had to carry out extensive stripping of fixtures before actual demolition could begin. Prior to this plans had to be prepared and implemented for the movement of patients, staff and equipment and thanks to the effort and co-operation of all involved, the entire operation was completed satisfactorily. Doctors have to share an office, the chaplains lost their chapel to the Occupational Therapists, and now use a cafeteria, department heads were relocated and the storemen, vegetable preparation worker and butcher found themselves in newly renovated quarters in the old Annex. The Department of Transportation and Public Works deserve a special thanks for the services provided in preparing these facilities and reconverting the School for L.N.A.'s into residential quarters, also for providing other work to enable us to continue operating with a minimum of discomfort and disruption.

STAFF CHANGES

Five employees went on retirement.

One employee went on Long-term Disability.

Three positions were eliminated from the Management Section.

Two full-time positions in the Occupational Therapy Department were converted to four part-time positions.

Two full-time positions in the Dietary Department were converted to four part-time positions.

One ward clerk position in the Nursing Department was phased out and the incumbent reassigned to a nursing attendant position.

One NU 4 nursing co-ordinator resigned and the position has not been filled permanently, during a reassessment period the position is being filled in turns by Inservice Instructors.

One NU 2 Position (area Co-ordinator) was eliminated and the incumbent transferred to a vacant NU 2 (ward charge) position.

DIETARY DEPARTMENT — Director, Rita Redmond

Major changes in this department centered around the new construction and moves to allow this to proceed. The Health Cafeteria closed in mid December and patients from there eat in one of the two remaining cafeterias. The dish storage room was moved to an old paint store, which had to be altered and prepared. The move of the butcher shop, stores and vegetable preparation area has already been mentioned. A new entrance to

the main cafeteria had to be made and the serving areas reduced in size, when the old entry was blocked off. A new temporary tunnel had to be erected to allow transport of food and movement of patients between the main building and welfare building, this has resulted in some inconvenience and is time consuming but is an improvement over the methods used between closing of the old tunnel and erection of the temporary tunnel.

MEAL SERVICE — The department prepares an average of 680 meals per day at a raw food cost of approximately $3.42 per patient day. Patients on Therapeutic diets average 45 per meal plus 30 others requiring pureed foods.

EDUCATION — Dietary staff attended In-service sessions on:

Sanitation
Diabetes
Fire Prevention Control
Dealing with patients (I) mental disorders
(II) feelings

Eight service workers attended a Food Service Workshop sponsored by the Department of Health and Social Services.

OCCUPATIONAL THERAPY — Director, Jaqueline Beacom

Once again the department has reassessed its objectives to bring them into line with the needs of a changing patient population.

Four basic programs are provided:

1. Motivation Stimulation groups
2. Skills and Social Maintenance groups
3. Work Level I groups
4. Work Level II groups

In addition there is a Greenhouse project, a furniture refinishing program, a gift shop project, and adolescent program. The Greenhouse project was made possible by converting an old dairy to a greenhouse with the assistnace of (1) Canada Manpower Works Program which supplied funds for a works supervisor and material, (2) Katimavik volunteers who provided the labour (3) Department of Transportation and Public Works which supplied necessary labor and material to provide heating and lighting.

Plants grown in the greenhouse are sent to the wards and also put on sale to staff. Money received from sales helps defray expenses and provides a token incentive payment to the patients involved in the work.

Gift shop items made in the two workshops are placed in the gift shop for sale. Last year one thousand, one hundred and fifty items were made, these were small inexpensive articles most of which sold well. It is felt the patients involved have a sense of pride and achievement when they see items they have made put on sale. The small profit made helps defray expenses and provide token payments and benefits.

Furniture Refinishing is a popular work project and last year one hundred and thirty-seven items were refinished.

The Adolescent Program consisted mainly of Home Economics and Industrial Arts, an average of eight adolescents attend.

NURSING DEPARTMENT — Director, Peter Sudworth

A major task facing the department was reducing the staff as the patient population

was reduced. This created a problem of no small proportion as it was felt in some quarters that when the Queen Elizabeth Hospital Psychiatric Unit became operational all acute psychiatry would be carried on there. It soon became obvious that Hillsborough/Riverside would not become a repository for chronic care patients and when the Mental Health Act Regulations were changed, designating the Queen Elizabeth Hospital as a Psychiatric facility which did not have to accept patients who exhibit aggressive, anti-social, addictive or other tendencies which are judged to be unamenable to treatment it became obvious the role of the institution would have to be reassessed. Because of this ward F2 was changed from a mixed acute treatment and long-term care to a physical care unit with more professional nursing staff. Ward M2 became admission, acute treatment and adolescent unit. Ward W1 had to be reopened for moderately retarded male patients and A1 became an all male ward for ambulatory patients.

IN-SERVICE EDUCATION and STAFF DEVELOPMENT - Margaret Newson and Paul Molyneaux

This sub department of the Nursing Department is responsible for in-house training and staff development of nursing staff and also has responsibility for providing training to employees of other departments in subjects common to all such as fire prevention and control, cardio pulmonary resuscitation, orientation etc. In addition assistance is provided to other agencies such as Division of Aging, Holland College (Retardation Worker Program and Resident Care Worker Program). The staff of this department also sit on most of the Committees of the Nursing Department. A total of three thousand, two hundred and twenty-three hours of classroom training were provided for twelve programs.

MAINTENANCE and TRANSPORTATION — Director, Donald Hughes

This department is responsible for patient and administrative transportation, grounds maintenance, light day to day maintenance of buildings and equipment, garbage and furniture and equipment movement. The employees of this department have borne the brunt of the work made necessary by the demolition and construction program. Despite the extra duties imposed on them during the moves their regular duties were never neglected, in addition they have had other routine tasks assigned. The transport section is responsible for five vehicles which are in constant use, in addition there are various pieces of equipment such as lawn mowers, snow clearing vehicles etc., because of careful use and constant maintenance, down-time has been negligible.

FINANCE and ADMINISTRATION — Don Gorveatt

Expenditures —

Administration	26,066
Equipment	41,746
Materials and Supplies	446,900
Professional Services	237,200
Salaries	4,820,612
Travel	22,366
	$5,594,890
Dept. of Public Works	542,196
Provincial Pharmacy	65,000
	$6,202,086

Total Patient Days	71,599
Average No. of Patients Per Day	196
Cost Per Patient Day	$86.62
Total Admissions	168
Average Length of Stay (Active Unit)	54.6
Voluntary Admissions	94
Involuntary	62
Transfers	6
Warrant or Remand	6
	168

HILLSBOROUGH HOSPITAL BOARD OF DIRECTORS

Eric Doucette, Chairman

During the year 1983-1984 the Hillsborough Hospital Board of Directors consisted of the following people:

Mr. Eric Doucette, Chairman
Mr. J. A. Fraser, Administrator
Mr. Oliver Bernard
Mr. Ernie Carver
Mrs. Frances Tremere
Mr. Lowell Johnston, M.L.A.
Mr. Paul Connolly, M.L.A.
Mr. Keith Wornell, Deputy Minister
Dr. Mark Triantafillou, Physician in Chief
Mr. Frank MacDonald, Chairman, Queen Elizabeth Hospital Board.

During the year this Advisory Board met monthly and kept up-to-date with happenings at Hillsborough Hospital in order to offer suggestions and advice with a continuous view towards better serving the needs of people entrusted to the care of our hospital.

In April, 1983, approval was given, after much discussion, to the transfer of 18 patients from Hillsborough Hospital to the Special Care Unit of the Provincial Sanatorium. This move actually took place in September 1983 and these patients regarded as medical nursing patients are being very well cared for at this new facility.

Ongoing discussions and deliberations took place at virtually all meetings on the construction of new facilities at Hillsborough Hospital. In December, 1983, the Provincial Government through the Minister, Mr. Fogarty, announced that construction would begin soon and we look forward to the completion of this project.

As was mentioned in last years report, a committee convened by the Minister to draft a "Terms of Reference" for the Hillsborough Hospital Board made its recommendations to the Minister. In July, 1983, the Minister approved these "Terms of Reference", and this should make for a more smoothly operating board with more clearly defined goals to work towards.

Ongoing discussions are taking place with regard to the Province's Mental Health Act and the Hillsborough Hospital Act. These are seen as needing updating and we look forward to new acts which will be more in keeping with present day trends and services.

Good communication continues to exist between the Hillsborough Hospital Board and C.M.H.A. We did meet together and a good spirit of co-operation exists with this association towards the advancement of mental health in our province.

One of the board members, Ernie Carver, is now serving on the Budget Committee and this keeps the board up-to-date and involved in the preparation of the annual budget.

The Board of Directors enjoys good rapport with the Department of Health and Social Services, and continues to work within the Terms of Reference towards the improving of the facilities and services of Hillsborough Hospital.

DIVISION OF PHARMACY SERVICES

L. Roger Montigny, Director

The purpose of the Division of Pharmacy Services is to provide prescription and non-prescription drug service to Islanders with special needs at a minimal cost to the Province.

Objectives

To continue to supply pharmaceuticals required for various Government Programs:

General Welfare Assistance Program

Mental Health Program

Diabetes Control Program

Immunization Programs

Institutional Care Program

Various small programs with significant special requirements

Through the dedication of the professional and support staff, the Division provides a drug information and drug monitoring service, also a drug educational and consultation service for all related programs.

Professionalism has enriched the special services required for the Institutional Care Program which continues to expand and to employ new technology in pharmaceutical presentation for the benefit of the institutionalized patient.

Work has progressed on the new Social Services Drug Prescription System was implemented in August, 1984. The system was supported by a grant from the Federal Government and designed by Data-King Inc. of Charlottetown.

In December of 1983 the new Pharmacy Act was proclaimed establishing a new Prince Edward Island Pharmacy Board along with the Prince Edward Island Pharmaceutical Association. The Board is appointed by the Minister of Health and Social Services and its purpose is to regulate the practice of pharmacy in the Province. The completion of Regulations is expected by late 1985 or early 1986.

Work is continuing towards the completion of a Government Formulary.

The Division of Pharmacy Services is located in the Sullivan Building and has a satellite pharmacy at Hillsborough Hospital.

POLICY AND PLANNING UNIT

Rob Thomson, Director

This is a very small support group of researcher-planner-analysts to assist the Department's executive and its operating divisions, and in a less direct way the Hospital and Health Services Commissions, with regard to:

background information
program planning and evaluation
policy analysis and development
some administrative assistance
legislative matters

From April to December a senior planner was in effect loaned to the Hospital and Health Services Commission on a half-time basis; the Commissions have subsequently employed a planning officer directly, but considerable liaison and mutual assistance continues.

One of the functions of the Unit is as a broker of information. A half-dozen briefing books were produced for the Minister's or Deputy's use in the Legislature or at Conferences; each would deal with six or eight topics, such as programs for the disabled, community health centres, physician manpower, income top-up schemes and so on. Dozens of reports and other publications were reviewed: lead in gasoline, pension-reform proposals, inter-provincial comparisons of financial-assistance rates, demographic projections for Canada, various annual reports, briefs and surveys. Several articles were written for newsletters; entries were furnished for several directories. Responses were made to surveys regarding, for instance, services for women, policies toward volunteers, use of federal statistics, socialogical impact of the offshore industry. The Unit regularly produced the Quarterly Statistical Bulletin and several other tables for the monitoring of social services. Other statistical compilations were done from time to time for particular purposes - budget allocation patterns, abortion volumes, population data. Background information or explicit answers were provided week by week to questions ranging from nursing-home inspection to mid-wifery, cobalt unit to clothing allowance. There were repeated inquiries from Health and Welfare Canada, other provinces, private companies and students regarding features of Prince Edward Island's welfare assistance and health services plans, the legislation, fee structures, patterns of utilization, budgetary expenditures and such. The most popular topic of the year was the *Canada Health Act* and what it means for this province.

The Unit is often something of a general factotum, helping out with a variety of quasi-administrative tasks. There was preparation of speeches, press releases, Executive Council memoranda, correspondence, briefs and presentations to task forces and other groups. Arrangements were made for appointments to several boards. Unit staff acted as secretary-research assistants for a number of working groups - nursing education, psychiatric services, Field Services organization, welfare assistance regulations, radiation surveillance, a departmental seminar. Assistance was given in several staffing actions, that is with interviews and assessment centres. There was advice and practical help on various process questions - whether and how the Department should go about reacting to a report or participating in an intergovernmental committee. Staff frequently helped other divisions in an editorial fashion on various reports, manuals and formal letters.

There was a customary mixture of planning and evaluation projects. One person planned and publicized departmental support for the I.O.D.E.'s "Vial of Life", and devel-

oped the organ donor card program with Highway Safety. She also assessed the need for continuing the Province's mandatory premarital health examination, and prepared a "program direction" report on the diabetes control drug plan. Advice was given to Nursing and Community Hygiene for restructuring their program-delivery methods as a consequence of budget restriction. A particular aspect of that was a diagnosis of inter-departmental responsibilities for regulating milk products. Audits were done of the Provincial Pharmacy's quality-control system and of A.S.I.'s provision of vocational training. Help was given in the formation of an inter-agency committee to monitor and plan for physician manpower and in the design of a radiation inspection program. Sub-studies were done for the Nursing Education Study on manpower requirements and the relative costs of various training modes. Costs were compared for care in Riverside Home, group homes and semi-professional foster-family settings. A comparative examination was made of client-pay policies in the various types of care institutions. Plans were begun for revision of nursing home regulations and the transfer of administrative responsibility. There was planning involvement in the implementation of the Community Care Facilities program and the *1983 Pharmacy Act's* regulatory board. A plan was drawn up for step-by-step resolution of a variety of issues in addiction services. An evaluation scheme was designed for federally sponsored educational projects in the field of aging. Finally, one person continued with a specialized planning assignment at the Health Services Commission: developing a computerized information system for medicare registration and physician claims. From time to time she also did work on a number of data-base systems for audiology, speech therapy, mental retardation and home care nursing services.

As usual there was plenty of legislative work. Minor amendments — to *Health Services Payment, Hospital and Diagnostic Services Insurance,* and *Medical Acts* — were made and passed in the 1984 Session. A statute to govern denturist practice was again prepared, and its implications analysed, but it was not introduced. That was also true of substantive amendments to the *LNA Act*. There was study of the need for revision of *Hillsborough Hospital* and *Mental Health Acts*. Advice was provided on an amendment made to a section of the *Liquor Control Act*, and on preliminary drafting of regulations for the *Addiction Services Act*. A number of sets of regulations were developed; a full overhaul of Welfare Assistance; radiation surveillance; finalization of Community Care Facilites; a qualification rule for Dispensing Opticians; a major draft for Child Care facilities (as well as amendments to the statute itself); standards of practice for Optometry — which was something of a landmark in setting out explicit expectations for governing professional practice. Much of this work was done by means of a Unit staffperson's direct participation (in some cases as a member, in others as consultant) on autonomous regulatory boards. In several other instances, consultation on their legislation was given to professional societies — veterinary, medical, social worker and dietetic. And throughout the year there would be requests from many quarters to research and interpret what the laws say about some question: must inspections be done? is advertising permitted? what is the legal protocol for appointing a medical adviser and an acting Chief Health Officer or for changing the name of a hospital?

Policy analysis and development took many forms and covered a very large range of topics. The Unit appraised external requests for special native workers in addictions and social services, for medicare insurance of optometric services, and for enhancing the special drug plan for cystic fibrosis. A policy was drafted for subsidizing special-care adoptions. There was assessment of whether Prince Edward Island's health system is underfunded, and considerable advisory involvement in departmental budget planning from a policy point of view. Unit staff carried most of the work of a review of the Island hospital system for the Cabinet Committee on Social Development, and of the Nursing Education Study concerning roles, training, patterns of practice and such for nurses, LNAs and attendants. There was participation in a group addressing inter-agency relationships and problems of availability in psychiatric services. Examination was begun on the issue of

standardizing comfort allowances in different types of institutional care, and again on the implications of insuring medical-nursing care at the Special Care Unit. The policy of eligibility for manor care according to age was subjected to interpretation from a human-rights perspective. A review was done of the need for chiropody service, the nature of government sponsorship and the matter of regulatory legislation. A common function through the year was analysing and suggesting a Prince Edward Island reaction to various federal-government proposals. Examples were a change in immigration policy, new federal statutes on privacy and access to information, relative advantages for patented brands versus generic drugs, jurisdictional responsibilities for low-level radioactive waste. Particularly heavy attention over the months went into a series of proposals for major pension reform, and into the *Canada Health Act* which now governs federal contributions to provincial health programs.

DIVISION OF NURSING

Ella B. MacLeod, Director

Purpose

To serve as the vehicle within the Department of Health and Social Services for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

Objectives

To provide health-related services that are equally accessible to all Islanders.

To promote services that will prevent the outbreak of and consequences of communicable and social diseases.

To provide services for the early detection and prevention of illness.

To provide health education programs for the promotion of health and healthy life styles.

To provide services that will give, teach, and supervise nursing care in the home.

To provide services that will serve as a link between community and hospital, patient and other professional or auxiliary services.

The Division of Nursing accomplishes its objectives through a decentralized service in seven locations across the province based in Charlottetown, Summerside, Tignish, O'Leary, Kensington, Montague and Souris. Programs are:

(1) public health, which includes maternal and child health, school and pre-school health, communicable disease control, and health supervision and illness prevention,
(2) health education,
(3) diabetes education,
(4) cardiac education,
(5) family life education, and
(6) home nursing care

A staff, consisting of a director, 4 public health supervisors, 4 co-ordinators, 22 full-time and 8 part-time nurses, one nutritionist, 8 full-time and 4 part-time clerical staff, participate in the various programs and services.

PUBLIC HEALTH PROGRAMS:

Maternal and Child Health — The objectives of this program are to promote the health of mothers throughout their pregnancy, foster and growth of the infant, and help parents develop skills in parenting. A Maternal-Health Committee meets regularly to review the program and make recommendations for change.

Pre-natal classes are offered in six locations through-out the province. Individual counselling is offered to those unable to attend classes. There were 37 series of classes attended by 350 mothers, and some fathers. A series included 6 pre-natal classes, a tour of the hospital and a post-partum parenting class. Over 324 pregnant women were given individual counselling, and nurses made 170 visits to pregnant women in the home offering help and counselling.

All mothers are visited in the maternity ward to discuss their needs and assess needs for a follow-up visit at home. A visit is usually made within four weeks of discharge. During this report period, 1,660 mothers and babies were visited in the home. Mothers were helped with care and the baby assessed and plans were made with the mother for attending the Child Health Clinics.

A total of 367 Child Health Clinics were held at 18 locations. Four held weekly and others monthly. Approximately 1,876 infants, who visited the clinics at 2, 4, 6, 15, and 18 months of age, were examined and provided with necessary immunization. Referral, if necessary was made to the appropriate service. Mothers were counselled regarding baby care.

At 3½ years, a comprehensive appraisal, including physical, mental, emotional, social and nutritional status is undertaken. During this period, there were 368 clinics at 6 locations attended by 1,547 children with 294 referrals. At 5 years, 1,556 pre-school children were assessed and immunized and 90 referrals made. The 3½ year Child Health Appraisal Program was made into a video presentation and aired on cable television.

Nurses made 1,067 visits to the home for counselling and assisting mothers with problems associated with their children. This included visiting the parents of the 128 children born with a congenital anomaly.

School and Pre-School Health Program — The objectives of the school program are to provide a knowledge of health, encourage healthy life style practices, and promote early treatment of an illness or disability. To help parents and teachers become knowledgeable about the role of the Public Health Nurse, a brochure was developed and circulated. The objectives are accomplished by counselling students and acting as a health information resource for teachers. In a number of schools, the nurses co-ordinated a growth and development course for students, helped organize a drug and alcohol program, and held obesity and weight control sessions. Other services include health appraisal, screening for defects and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow up as needed.

There were 64 schools and 76 kindergartens and day cares visited on a regular basis. Screening of children for various health problems included:

General health inspection	7,361
Vision screening	3,542
referred	529
Hearing tested	1,076
referred	189
Scoliosis screening	4,192
referred	286

There were 818 visits to the home for follow-up care.

Health Supervision and Illness Prevention — 47 Senior Citizen's Homes were visited on a regular basis with 7 organized programs covering foot care, blood pressure check and nutrition counselling and health education.

4,168 adults and seniors were visited in the home for health supervision of an existing health condition.

COMMUNICABLE DISEASE CONTROL

Immunization — The total number of inoculations given in the reporting period was 12,450 to infants and pre-schoolers, 2,712 to school children, and 257 inoculations for Typhoid, Tetanus, Cholera, Diphtheria, Yellow Fever, and Polio given to adults.

Rubella Control — The program provides for pre-marital and pre-natal testing of all women, and the provision of free rubella vaccine for women who are found to be non-immune. The objective is to ensure that through continued surveillance and immunization, no children will be born with rubella syndrome. During this period, 64 women (29 pre-natal and 35 pre-marital) were found to be non-immune and were offered vaccine.

All girls in Grade V are offered rubella vaccine. The program reaches over ninety-five percent of girls in this age group.

Sexually Transmitted Diseases — Nurses co-operate with physicians to follow cases and contacts of all venereal diseases reported. There were 89 cases of gonorrhea followed in the twelve-month period.

Salmonella and Other Bowel Infestations — There were 87 cases of Salmonella and other bowel infestations identified and placed under surveillance, and follow ups made of 183 contacts. The policy and procedure for control was rewritten.

Other — There was follow up of 3 cases and 339 contacts of Tuberculosis.

There was follow up of 7 cases and 56 contacts of Meningitis.

HEALTH EDUCATION

Co-ordinator Activities —

Planned and co-ordinated:

- 4 Workshops for professional staff
- 3 Health fairs
- 30 L.N.A. and 8 Dalhousie University student's field experience
- C.P.R. training for staff

Assisted in production of:

- 1 Division slide tape presentaiton
- 1 3½ year old assessment video
- 3 Educational pamphlets
- Problem-oriented record
- Materials for child assessment program

Involved:

- As Provincial co-ordinator for "Stairway to Health" campaign
- In a T.V. presentation on smoking and provincial program

In promotion of breastfeeding campaign
With a committee on school health curriculum
By reviewing and disseminating educational literature and A/V supplies

Public Health Nurses — Public Health Nurses are represented on 26 voluntary and other agencies, and participate in their various projects. In addition, nurses participated in:

- marriage preparation courses
- community schools programs
- home and school groups
- health teaching session for workers of a Mall
- well women's clinic
- C.P.R. teaching sessions
- video presentations for Cable T.V.
- health education sessions at senior citizen's units

HOME NURSING CARE

It is the objective of this program to co-ordinate and provide services that assist persons in meeting their health and related needs in the home when this is the appropriate place for care. In addition to giving greater client satisfaction, it makes more effective use of institutional beds.

Number of Hospitals visited regularly = 7
Average number of patients per month = 600
Total number of visits during year = 14,998

A number of clients come regularly to the health unit for injections, and the nurse arranges for others to visit the manors for utilization of their facilities.

The Home Care Co-ordinator spoke to several groups and organizations regarding the home nursing care program and services provided, organized and co-ordinated the cardiac education program, and directed the provincial emergency health services.

DIABETES EDUCATION

Established in 1973, the Center operates out of Charlottetown and Summerside, going out to other locations as necessary. The program provides courses designed to help diabetics and their family cope with diabetes, as well as instruct allied health professionals and students.

Statistics for this period include:

Education Sessions	31
Number of Diabetics Attending Sessions	277
Family Members	146
Diabetics given Follow-up Care	2,570
Professional Updating Sessions	11

CARDIAC EDUCATION

A program in co-operation with the Canadian Heart Foundation and assisted by volunteers is given in 3 locations (Charlottetown, Summerside, and Montague). Plans are underway to start one in O'Leary. The objective is to promote a healthy way of life for the indi-

vidual with a cardiac condition and help him/her and his/her family understand the heart condition. In Charlottetown, the Home Care Co-ordinator organized 3, seven-week sessions which were attended by 44 participants.

FAMILY LIFE PROGRAM

The Family Life Program continued to be active and in much demand throughout the fourth year of the project. Federal funding ceased in February, 1983, and was continued by provincial funding.

Activities included:

Number of community group sessions (W.I., church, parent, teacher, community schools)	8
Number of attendants (adults)	883
Number of Education Institution sessions (U.P.E.I., School of Nursing, Holland College, L.N.A, School and 6 High Schools)	10
Number of students	1,456
Number of professional contacts	595
Media sessions	6

A Teen Clinic is held weekly for counselling youth

The Family Life Co-ordinator is active on professional committees, and school curriculum Advisor Groups. She previews and maintains a resource for circulation and loan of pamphlets, books, and A/V materials.

The Family Life Program is well established. Community groups and individuals, as well as professionals, are becoming more and more aware of the resources available to them. Increasing utilization is expected.

SPECIAL SERVICES DIVISION

Ian MacLean, Director

1983-84 was a year of change for the Special Services Division. The former Director of the Division, Mrs. Lynn Ellsworth, resigned in December and was replaced by Ian MacLean. Mrs. Ellsworth was seconded to Executive Council as a Policy Analyst. Other changes were the appointment of Bruce Wallace as Co-ordinator of Services to the Mentally Retarded and Team Leader of the Services to the Disabled Team, Carl Cooper as acting Team Leader of the Specialist Team, and George O'Connor as Co-ordinator of Services to the Physically Disabled and Acting Team Leader of the Employment Development Team.

The Division continued to provide professional and technical support in the following areas of specialty: Mental Retardation, Physical Disabilities, Audiology, Speech Therapy, Nutrition, Day Care and Early Childhood Development, and Job Creation and Placement to Departmental Management, other divisions, staff task forces and committees, and private sector agencies. This support consisted primarily of assistance with program management, planning and development, policy development, program co-ordination, consultation and professional support, the development and monitoring of contractual agreements and federal/provincial cost-sharing arrangements under CAP and VRDP, representing the Department on Boards, Committees, Task Forces, carrying out program evaluations and audits on private welfare service agencies, and providing general information on Departmental functions.

The Division delivered the following direct services: Vital Statistics, Sherwood Home Program, Milk Ticket Program, Audiology, Day Care Inspections and Licensing, and Job Creation and Placement Program.

The Division's role in outreach, community support, and community development continued to be a high priority, with its role in research continuing to diminish.

Further steps in the process of Departmental amalgamation resulted in the integration of the Vital Statistics Division into the Special Services Division in April '84.

Major Results

Services to the Mentally Retarded — Progress continued to be made in the field of mental retardation during the year. Divisional staff were involved in the further development of community services for all mentally retarded individuals in co-operation with community agencies. One example, was the approval of a pilot project which has led to the implementation of a Family Living Alternative Program for severely mentally retarded adults under the auspices of the Community Association of Residential Services.

The M. R. Skill Progress Assessment was revised and a mental retardation database was developed (and continues to be developed) to facilitate more accurate and detailed assessment and recording of information on all mentally retarded individuals in Prince Edward Island and thus improve planning for future service needs.

Program audits were conducted on the following community agencies that provide services to mentally retarded persons - Occupational Training Center, Atlantic Specialized Industries, and Community Association of Residential Services.

A study was completed on the services provided to mentally retarded adults in Kings County and their effectiveness in meeting the needs of mentally retarded adults and their families. The report also made recommendations for the future, i.e., how best to develop and co-ordinate further services for mentally retarded persons in Kings County.

An application for a Demonstration Grant was submitted to National Health and Welfare to provide rural vocational experiences, and the probability of funding looks favourable.

The Mental Retardation Specialist program was developed and implemented. There are currently programs established in Regions I, II, IV, and V with plans to transfer a position from Sherwood Home to Region III as enrollments at Sherwood Home continue to decline.

Staff provided consultation and support in the planning and finalization of the amalgamation of the Occupational Training Centre and Atlantic Specialized Industries, and in the development of a Mental Retardation extension course at Holland College.

Enrollment continued to decline at Sherwood Home. Two young adults were discharged from Sherwood Home, one to Hillsborough Hospital and the other to the Community Association of Residential Services in a specialized professional community home (F.L.A.P.). There were no long-term admissions, leaving a residential count of 16 residents. The day program continued to serve six children.

Respite care services at Sherwood Home continued to be in demand, with a total of 377 days of relief provided to 12 families.

A Working Group consisting of representatives of Provincial Canadian Association for the Mentally Retarded, parents of children being served by Sherwood Home, Department of Education, and Department Health and Social Services was commissioned by the Minister of Health and Social Services and Education to study the needs of those children and their families presently being served by Sherwood Home (or who fit the mandate of Sherwood Home). Their Interim Report which outlined steps for the decentralization of Sherwood Home was released in January, 1984, with the final report expected to be available in 1984-85.

STATISTICS ON SHERWOOD HOME

Long Term admissions	0
Respite care admissions	85
Total resident days	6,582
Average daily occupancy	17
Number of long term residents	16
Number of day students	6

Services to the Physically Disabled — In April, 1983, a Committee consisting of Departmental staff and a representative of the Queen Elizabeth Hospital Department of Physical Medicine presented its report which focussed on propose options to improve services to the physically disabled population. Following a Co-ordinator of Services to the Physically Disabled was designated and an action plan to improved service delivery to the disabled was developed and received Departmental approval.

As well, the Vocational Rehabilitation of Disabled Person program was very successful in 1983-84. More disabled persons than ever before received training under the program, with the program budget being $200,000.00. This was the most funds ever allocated to the program.

Job Creation and Placement — Eight hundred and eighty-five welfare assistance clients were placed in employment through the Job Creation Program. Eighty-four percent (84%) of these clients were placed with non-profit community organizations, with the remaining sixteen percent being placed with government departments. The cost of the program was $3,000,000.00.

Improvements to the Program included: complete decentralization of the employee/employer matching process to the Regional Offices, the development of policies and procedures for the program to ensure consistency in its administration across the Province and an administrative review on the Program.

Benefits of the Progam included: special employment placements for two sheltered workshop trainees, employment placements for physically disabled persons, the establishment of the Port Custodian Project which resulted in a decrease in the incidences of theft and vandalism in Island fishing ports, a significant reduction in the welfare assistance caseload, and reports of improved self-esteem, confidence, attitude, and motivation among former JCP clients.

Speech Therapy — The Co-ordinator of Speech and Hearing continued to be active in the community, serve as Co-ordinator and consultant to the Field Services Speech Therapists, and supervise the audiology program. In addition, this year she began providing weekly speech therapy service to the Central Queens Elementary School.

She recruited and oriented two part-time speech therapists, and an Audiology part-time secretary, as well as speech therapy aides.

The Co-ordinator provided in-service training at three stroke workshops in conjunction with the Occupational Therapist and Physio Therapist (two at the Queen Elizabeth Hospital and one at the Prince County Hospital) and to individual schools as requested; gave lectures at U.P.E.I. for the course on "Exceptual Children"; and made presentations to nursing students at the P.E.I. School of Nursing and Katimivik workers at Beach Grove.

She continued to provide consultation to Holland College for the "English as a Second Language Program", support to Public Health Nursing in their pre-school appraisals; and develop speech therapy resource materials.

This year, the Co-ordinator saw the Queen Elizabeth Hospital speech therapy statistics put on the Department's M.I.S. Computer Program so that now all speech statistics are computerized.

Audiology — Full-time Audiology services continued to be provided to P.E.I. residents during the past year.

Weekly regional clinics were maintained in Charlottetown with monthly clinics in Alberton, Souris, Montague. With the establishment of additional private resources in Summerside, the weekly Summerside clinics were reduced to two per month. During the year, 199 clinic days were held.

With the addition of calibration equipment to the clinic, calibration of audiology, speech pathology and public health nursing audiometers can now be done by the Audiologist.

During the year, the Audiologist provided several days of in-service training and presentations. Groups addressed included, Speech Therapists, Public Health Nurses, Holland College, Field Services Division, and staff at the local Island hospitals.

The Early Detection of Hearing Loss Program continued and the dispensing of hearing aids for clients of the Department continued to be contracted to Audio Consultants of Prince Edward Island.

The demand for audiology service continued to grow in Charlottetown, and stablized in Prince County, Souris, Montague.

Nutrition — The Special Services Nutrition Co-ordinator continued to provide direc-

tion for the Department's Nutrition Program. Regular consultation was provided to Regional Directors and Regional Nutritionists. As in the previous year, the Nutrition Co-ordinator position was filled by two part-time nutritionists until October when one nutritionist resigned. For much of the remaining portion of the year the position was filled on a part-time basis only.

Nutrition counselling priorities continued to be nutritionally high risk pregnant women and infant nutrition. During the year fourteen educational sessions on the evaluation results of the Department's Prenatal Nutrition Intervention Program were presented to 240 health, social, and medical professionals.

The Nutrition Co-ordinator provided nine nutrition education sessions reaching 330 Prince Edward Islanders, with information on topics such as weight control, nutrition labelling of foods, heart disease and preschool nutrition, and consultation to over 150 individuals on a variety of nutrition topics.

Other accomplishments during the year included the evaluation and revision of "Baby Help — A Guide to Infant Nutrition", which is distributed to all new mothers in P.E.I.; a survey of Breast Feeding Practices in P.E.I. which found that only 45% of P.E.I. mothers breastfeed their infants as compared to 70% nationally; and a study of the possible Expansion of Nutrition Services in the Department. A survey of consumers' interest in and understanding of nutrition, and labelling of Foods; completion of Quarterly Cost of Basic Diet for P.E.I., and participation in National Nutrition Month were also completed in 1983-84.

Early Childhood Development/Day Care — This year, the day care situation stablized. No Centres were closed, and several new programs opened. However, all centres reported financial difficulites.

The Study of Child Care Services on P.E.I. was completed in June, 1983, and publicly released in November, 1983. The eight member Advisory Committee, chaired by the Day Care Co-ordinator, made 23 recommendations to various Government Departments, Holland College, the Child Care Facilities Board, and provincial associations. Cabinet gave approval to those recommendations which did not require additional allocation of funds.

The Co-ordinator co-organized the Atlantic Regional Childrens' Conference, held in Charlottetown in September, 1983. Guest speakers from Manitoba, Ontario, Nova Scotia, and Massachusetts attended, as well as 250 early childhood staff, parents, teachers, nurses, and social workers. The Conference was funded by our Department, Secretary of State, and the Early Childhood Development Association.

Support for day care services was provided through resource materials (monthly newsletters, "Teaching Tots to Talk") and professional development opportunities (Brigance Development Inventory, Multiculturalism in Early Childhood Programs, Program Planning). An Early Childhood Series, Winter/Spring, 1984, was offered, with excellent response. The series consisted of the Nature of Mental Retardation, Language and the Preschooler, Dealing With Stress, Children and Stress, Good Ideas Workshop, the Art of Story-telling, the Development of Children's Art, and the "Our Children; Our Challenge" Seminar. Certificates of Recognition were awarded by the Minister to those who completed the series.

Also, LaValeur Educative du Jeu was offered to French speaking early childhood teachers, primary teachers, and parents in the Abram's Village area.

The Co-ordinator delivered presentations to various groups (Quality of Island Life Committee, Early Childhood Development Association, Montague Women's Group, Cornwall Moms and Tots, Region 2 Social Workers) on issues relating to early childhood development. An early childhood display was also prepared for the Women's Festival.

As the year ended, revisions to the Child Care Facilities Act and Regulations were being developed, as well as a staff Training Standards Policy Proposal.

The Child Care Facilities Board met eight times during the year. Licenses were issued to 83 facilities, which represented 29 full day programs (day care) and 54 half day programs (kindergartens and nursery schools). A total of 5 new full day programs (75 spaces) and 6 new half day programs (100 spaces) opened.

Membership on the Board changed slightly during the year, with representatives from the Early Childhood Development Association changing due to expired terms of office. The position of Chairperson changed twice during the year.

The Board reviewed a variety of concerns that were raised by members of the public regarding compliance with the Child Care Facilities Act and Regulations, and continued its efforts through the media to increase the public's awareness of the existance of the licensing process.

Recommendations made to the Board from The Study of Child Care Services on P.E.I. resulted in the formation of a Committee to review the Child Care Facilities Act, and Regulations, and one to develop a proposal for staff certification.

Vital Statistics

Vital Statistics provided for the registration of births, deaths, marriages, adoptions, divorces, stillbirths, and changes of names. The registrations are decentralized to 17 main population centres. Deputy district registrars forward registrations to the Director of Vital Statistics for permanent filing.

Regular statistical analyses on this data, as well as special reports were provided to research institutions and libraries. The occurrences of various communicable diseases from Island physicians was collected and totals forwarded to the Chief Health Officer for use in epidemiological studies.

A detailed report of various vital statistics entitled "P.E.I. Department of Health and Social Services' Vital Statistics Annual Report" is printed under a separate cover.

Registrations, certificates and other documents processed by Vital Statistics follow. Please noted that these figures are based on the calendar year.

REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED BY THE DIVISION OF VITAL STATISTICS

(These figures are based on the calendar year)

	1982	1983
Registrations accepted under the Vital Statistics Act:		
Birth registrations	1,917	1,883
Marriage registrations	855	938
Death registrations	947	1,015
Stillbirth registrations	15	23
Adoption orders	111	107
Divorce decrees	200	216
Delayed registrations	120	104

Total registrations accepted	4,165	4,287
Legitimations of birth	83	97
Corrections/Amendments made	395	350
Changes of name recorded under Change of Name Act	90	66
Certificates issued under the Vital Statistics Act:		
Birth (Short form or wallet size)	6,053	5,793
Birth (Long form)	278	420
Marriage	564	592
Death	538	668
Total certificates	7,433	7,479
Marriage Licenses issued under the Marriage Act	858	938

VITAL STATISTICS

Prince Edward Island, 1978 — 1982

	1978	1979	1980	1981	1982
Population ('000's)	122.1	123.0	123.9	122.5	122.8
Live births by residence*	1,985	1,934	1,958	1,897	1,924
Rate per 1000 population	16.3	15.7	15.8	15.5	15.7
Live births by occurrence*	1,980	1,925	1,954	1,868	1,917
Rate per 1000 population	16.2	15.7	15.8	15.2	15.6
Deaths by residence	994	1,022	989	992	980
Rate per 1000 population	8.1	8.3	7.9	8.1	8.0
Deaths by occurrence	971	1,004	1,000	972	947
Rate per 1000 population	8.0	8.2	8.1	7.1	7.7
Natural population increase	991	912	969	905	944
Rate per 1000 population	8.2	7.4	7.8	7.4	7.7
Stillbirths					
20 to 27 weeks gestation	2	3	2	5	2
Rate per 1000 live births	1.0	1.6	1.0	2.5	1.1
28+ weeks gestation	12	14	10	9	13
Rate per 1000 live births	6.1	7.3	5.1	4.1	6.9
Maternal deaths	0	0	1	0	0
Rate per 1000 live births	-	-	.5	-	-
Marriages	939	893	939	849	855
Rate per 1000 population	7.7	7.3	7.6	6.9	7.0
Divorces	135	144	101	182	206
Rate per 100,000 population	110.6	117.1	81.5	148.6	167.8

* "By residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

* "By occurrence" means the death or birth of someone which occurred on P.E.I. regardless if resident or not.

Miscellaneous

In 1983-84, Special Services Division handled a number of miscellaneous projects and on-going assignments. Some examples of such projects undertaken this year are:

- development of a Departmental Orientation Manual;
- development of a number of brochures (Services to People, Orientation, Hillsborough Hospital Foster Home Program);
- evaluation of the 2nd year's operation of Play and Learn in Kings County;
- drafting of an Action Plan for raising the profile of services to the physically disabled;
- investigation/negotiation of the cost-shareability of new programs and services under the Canada assistance Plan and the Vocational Rehabilitation of Disabled Persons agreement;
- verification of CAP Agreement Schedules;
- negotiation/monitoring of 20 Purchase-of-Service agreements;
- departmental representation on a number of committees, task forces, advisory groups, and boards;
- maintenance of service manuals and data tables;
- response to a number of requests from across the country for information on Departmental issues, programs, and services;
- co-ordination of production and distribution of the Child Protection Services Policy manual.

FIELD SERVICES DIVISION

Steve McQuaid, Director

In a broad sense, the services delivered through the Field Services Division are directed toward:

(a) alleviating acute conditions of human need;
(b) protecting the rights and well-being of children, disabled adults, and the socially disadvantaged, who are unable to act effectively in their own interest;
(c) providing vital life support services and assistance to dependent persons who generally do not have the skills and resources to function independently.

These services are provided through five regional offices located in the major centres of Prince Edward Island. The Division, through its five regional offices, provides these services through the following programs:

(1) Child Welfare Services
  (a) Protection Services
  (b) Adoption Services
  (c) Foster homes - group home and other substitute care programs
  (d) Services to juvenile deliquents and their families
  (e) Services to the Family Court
  (f) Services to single and unmarried parents
(2) Visiting Homemaker Services
  (a) To the elderly
  (b) To families
(3) Teaching Homemaker Services
(4) Nutrition Services
(5) Speech Therapy and Hearing Services
(6) Daycare Service Subsidy
(7) Welfare Assistance
(8) Retardation Services
(9) Rehabilitation Services
(10) General Counselling

The legislation which provided authority for the delivery of the above-noted services includes:

(a) Adoption Act
(b) Child Care Facilities Act
(c) Children's Act
(d) Family and Child Services Act
(e) Divorce Act
(f) Family Court Act
(g) Juvenile Deliquents Act
(h) Rehabilitation of Disabled Persons Act
(i) Welfare Assistance Act

With the exception of the two regional offices in Kings County, each regional office has a Regional Director who is responsible for the management of the office and delivery of services in the respective areas. The management structure of the Southern Kings and Eastern Kings regional offices is under one Regional Director with the staff of both offices reporting to him.

In view of the changing service demands, and the complexity of these demands, it is necessary to ensure that the delivery of services is as effective and efficient as possible. To this end, a review of the organizational structure has taken place over the past year. The results of this review will be tabled early in fiscal year 1984-85. It is expected that this will assist the Division in strengthening its capacity to provide services to citizens of the province.

Welfare Assistance Program

During fiscal year 1983-84, an increase occurred in demand for services such as child protection, daycare and counselling. However, the demand for financial assistance decreased during the past fiscal year from the corresponding months the previous year, with an overall cumulative decrease of 9.5 per cent. The average monthly caseload for 1983/1984 was 4,414 compared to 4,880 in fiscal year 1982/1983. The average cost per case of $378, as of March 1984, was a slight decrease of 0.5 per cent from March 1983. This generally decreasing trend resulted in an annual expenditure for financial assistance of 10.1 per cent less than the previous year. Federal community projects and the initiative of our own Department through programs such as Employment Preparation and job Creation are credited for the decrease.

The Management Information System expanded to include a system of monthly budget forecasting for both regions and province. This system not only facilitates budget control but also monitors the development of spending trends throughout the province.

Employment Preparation Program

In order to offer all clients an opportunity for employment-related services, the Minister directed that all regional offices become involved in developing skills and knowledge in employment preparation with clients receiving financial assistance. The Employment Preparation Program had the following objectives:

(1) Increased employability for financial assistance clients through more opportunity to gain skills;
(2) Greater utilization of community resources by financial assistance clients;
(3) The acquisition by field staff of sufficient skills and knowledge to assist clients in becoming more employable;
(4) Preparation of clients for placement in the Job Creation Program;
(5) Stabilization or reduction of the financial assistance caseload.

In order to implement effectively the new expectations of the program, an intensive training package was developed and offered to staff on a regular basis over the full year. The training included: familiarization with the new direction, problem-solving skills, assessment skills, promoting clients strengths/independence, and engaging the clients.

Children's Services

Early in 1984, the Division of Field Services recognized the need/desirability to place special emphasis on the management of children's services. The purpose was to improve relations with the Court system, the community and other professional agencies involved in the delivery of services to children. To this end, the position of Co-ordinator of Children's Services was established.

This position will ensure that existing programs and services are adequate to meet the needs of children. The direction is timely and marks a step forward in the Division's commitment to children's services. The acute needs of those children who suffer from abuse and neglect will have a higher profile, and the division sees itself developing this service area over the next few years.

This new position also carries with it the statutory designation of Director of Child Welfare for the Province of Prince Edward Island.

Child Protection Services

The Divisional workload in Child Protection Services increased significantly over the past fiscal year. Active protection cases increased by 35 per cent over the previous year. Sexual abuse referrals accounted for over half that increase.

In order to support regional staff in abuse intervention and facilitate access to training, in August 1983, the Division established the position of Co-ordinator of Protection Services. This position also assists the Co-ordinator of Children's Services, Regional Directors, and their staff to develop the skills and resources necessary to deliver effective protection services. It also maintains and monitors the quality of services provided to protection families.

Community education specific to child protection and the community's responsibility for the welfare of its children has increased the number of valid referrals, enabling the Department to provide early intervention. An educational outreach to other professionals has begun to increase co-ordinated and co-operative efforts to address children's safety.

Child Protection concerns through the After-Hours Child Abuse Referral Services has increased dramatically over the previous year. Protection concerns in the amount of 282 calls were received over the year, representing an increase of 276 per cent over the previous fiscal year.

Children In Care

There were 231 children in the care of the Director of Child Welfare as of March 21, 1984, compared to 205 in the previous year.

Voluntary Care	53
Apprehended	32
Permanent Wards	109
Temporary Wards	18
Wards from other Provinces	4
Follow-up to CIC	2
Adoptive Homes	8
Juvenile Deliquents	5

(1) Adoptions

The Provincial Adoption Registry records 96 adoptions finalized during the year compared to 101 in the previous year. Of these, 21 were wards of the Director of Child Welfare; 15 were wards of private agencies and 60 were private adoptions. Eighty-four adoptions were finalized in the Province and 12 were finalized in other jurisdictions.

(2) Foster Homes

During the year, there were 161 approved foster homes, 6 approved emergency foster homes (total bed capacity 19) and 3 approved group foster homes (total bed capacity 6),

as well as five group homes for the care of adolescents (total bed capacity 30).

(3) Juveniles in Training Schools

At the end of the fiscal year, there were 4 males and 1 female in the Nova Scotia Training Schools under court order. During the year, there were 6 first-time admissions (5 male, 1 female) but no readmissions. The average length of stay in the training schools was 7.1 months.

Staff Training

The Division's emphasis on the need for a high level of professional skill in service delivery has prompted continual staff training efforts during the year. Workshops, seminars and conferences have all been designed to assist staff to identify and respond to client needs. In pursuit of this goal, the following activities were included in staff training efforts during fiscal year 1983-84:

(a) A workshop, led by Laura Epstein of the University of Chicago, School of Social Services Administration, designed to assist staff to improve their problem-solving approach with clients;

(b) Regular workshops in Employment Preparation training to assist staff to develop the skills required to serve clients effectively through E.P.P.;

(c) A ten-week course for Homemakers/Home Helpers involved in protection cases;

(d) Twelve Social Service Workers enrolled in courses in the decentralized B.S.W. Program of the Maritime School of Social Work.

Speech Therapy Program

Speech therapy services were provided in the five regional offices during the 1983-84 fiscal year. Again, these services were extended through the continued use of therapy aides and volunteers. An extension of services was provided in four of the five school units as a result of the aides/volunteers.

Two speech therapy camps were held in August with 42 campers receiving treatment. For the first time, a camp was organized to focus on children with problems of fluency or stuttering. The second camp was held for children with articulation and/or language problems.

The pilot project which was begun last year at the Q.E.H. on reassignment of staff duties has become established. One part-time therapist assesses and treats in-patients and the other part-time therapist is in charge of out-patient care.

As in past years, caseloads in the clinics and schools have been heavy. In the clinic program, 283 new cases were seen and 217 cases terminated. A total of 2,817 therapy sessions were held. Speech therapy services were provided to all school units on the Island with priority given to the elementary schools. The screening of grade two students was completed Island-wide. A total of 1,973 new cases were screened in the schools with 3,287 therapy sessions completed.

The demand for speech therapy services continues to be heavy with Region 3 showing the greatest increase.

Nutrition Services

Nutrition Services' regional nutritionists provided individual nutritional assessments and counselling to 546 new clients in fiscal year 1983-84. Nutrition counselling priorities

have continued to be nutritionally high-risk pregnant women (279-51%) and infant nutrition (189-35%). Efforts to encourage early referral have continued.

Regional community nutritionists conducted 88 nutrition education sessions during the year with 1,354 people participating. Subjects of nutrition education sessions included prenatal nutrition (41 sessions - 46%), pre-school nutrition (17 sessions - 19%) and general nutrition (16 sessions - 18%).

Nutritionists responded to 800 requests for nutrition information/consultation.

Program Data

Nutrition Counselling

Cases Opened in

	1981-82	1982-83	1983-84
Region 1	80	106	99
Region 2	158	167	163
Region 3	142	142	173
Region 4	50	60	48
Region 5	61	67	63
TOTALS	491	542	546

Reasons for Nutrition Counselling

	1981-82 %	1982-83 Number - %		1983-84 Number - %	
Pregnancy	52%	270	49%	279	50%
Infant Nutrition	36%	192	35%	189	35%
Obesity	4%	25	5%	21	4%
General Nutrition	3%	16	3%	15	3%
Other (Children-in-Care, PKU Therapeutic Diets)	5%	39	8%	42	8%
				546	

Nutrition Education/Consultation

Region	Number of Nutrition Education Sessions	Number of Persons Attending	Nutrition Consultations
1	10	186	60
2	26	418	315
3	20	308	69
4	26	299	173
5	6	143	181
TOTAL	88	1,354	798

WEST PRINCE REGIONAL OFFICE (REGION 1 - O'LEARY)

The most significant highlight in Region 1, during the 1983-1984 fiscal year, has been the changing nature of the caseload. Although the total services delivered did not change significantly, the welfare assistance caseload in March 1984 was down 58 cases (12.2%) from the previous year, and the general counselling caseload was up 26 cases (75.5%).

The lower welfare assistance caseload is due largely to the efforts of staff to place clients in the work force through the Job Creation Program. During the first quarter alone, 73 persons were placed through J.C.P.

The dramatic increase in counselling cases reflects a new demand at Intake, and, to some extent, a shift in service priority to young single mothers. Intake staff have observed an increase in the number of new cases involving parent-adolescent conflict, sexual assault and wife-battering. Self-referrals and referrals from the R.C.M.P. are the primary sources of this demand. The young single mothers are receiving greater professional attention in relation to their ability to parent and to plan for a future of self-sufficiency. This shift was the result of a new initiative at the Minister's request.

There have been a number of other new initiatives within the Region, resulting in more effective work with children and families. This was, in part, the result of fiscal restraint, and an attempt to receive the most benefit from few available resources. The Day-care Co-ordinator, Speech Therapist, Homemakers and summer students have worked very effectively with a number of "special needs" children and low-functioning parents through a combination of group work, one-to-one teaching, structured play activities, and team work.

In a similar initiative, the regional speech therapist and local occupational therapist developed a team approach to dealing with children with learning disabilities. This approach was accepted by managment and the professional specialists of this regional office, School Unit 1, and the local public health nurses.

Many of these new and extra efforts were the proposals of staff themselves, who performed very effectively as a group, supported by very positive working relationships with other community resources, in particular the Community Mental Health Team and the R.C.M.P.

SUMMERSIDE AND AREA REGIONAL OFFICE (REGION 2)

In the past fiscal year, the total service load went from 1,657 in March, 1983 to 1,517 in March, 1984, a decrease of 140 or 8.4%. Financial assistance service went from 818 in March, 1983 to 686 in March, 1984, a decrease of 132 or 16.1%. Child protection service remained relatively stable in terms of active cases, going from 49 in March, 1983 to 47 in March, 1984. The Visiting Homemaker service went from 143 in March, 1983 to 170 in March, 1984, an increase of 36 or 25.1%.

The Regional Office operated with the same staff establishment except for the addition of the Mental Retardation Specialist. The office was involved in an on-the-job training contract through Canada Employment and Immigration Centre with a visually impaired individual who is being trained as switchboard operator. Service co-ordinators were appointed among the supervisors.

The Financial Assistance Program successfully placed 143 clients through the Job Creation Program. Financial assistance workers have been involved in the Employment Preparation Program training on a regular basis in order to assist in preparing clients for work.

The office piloted an Assignment of Benefit Project this past year whereby clients, experiencing a delay with Unemployment Insurance benefits because of delays in the Unemployment Insurance administration, would be eligible for financial assistance. The amount granted was recoverable from future Unemployment Insurance cheques. Twenty-two clients were referred to this project.

Although the Child Protection Service net caseload remained relatively stable at 47 - 49 cases, a dramatic increase in protection assessments occurred. The number of assessments grew from 69 in March, 1983 to 108 in March, 1984, an increase of 39 or 56.5%. These statistics include an increase of sexual abuse cases. Staff have identified the need for more training in working with cases of sexually abused families.

The regional office conducted many sessions in the community on the topic of child abuse. An inter-agency meeting on respective roles in abuse cases was held with a view to establishing a community consulting team.

Recognizing the need of increased parenting skills for many young single parents, workers offered a ten-week course in which twenty-eight parents participated. This was a positive experience for both workers and clients.

The Summerside Chapter of the Foster Parents Association has continued to grow. In addition to assisting in the formation of other Chapters across the Province, its members were instrumental in organizing the first Provincial Symposium.

The Children's Group Home increased its capacity to seven beds and added one staff person. During the year, sixteen children were admitted. Staff encountered more disturbed and "acting out" behaviour on the part of the residents.

Through its summer student, the group home was able to organize a successful camping program which was open to all group homes in the province. Thirty-one group home residents participated.

The regional office hired two students through the Provincial Youth Development Program. These students organized a socialization program which serviced 153 children.

Although it operated without a full staff complement, the Visiting Homemaker service has experienced a 25 per cent caseload increase. This increase has stretched the service extremely thin and placed pressure on the homemakers. With the introduction of a resource worker for the Community Based Service for the Elderly, it is expected that the demand for homemaker service will exceed the resources and that waiting lists will grow.

In summary, the Summerside Regional Office has endeavoured to offer a quality service despite the major increase in protection assessments and homemaker service.

CHARLOTTETOWN AND AREA REGIONAL OFFICE (REGION 3)

The welfare assistance caseload decreased by 245 cases from March 1983 to March 1984. This reduction of caseloads from 2,752 to 2,507 reflects the concentrated efforts and successes of the Departmental Job Creation Program, and the recent upswing in the Island economy. Financial assistance caseload figures were at their lowest during the month of December at 2,339, probably the result of the high number of Job Creation placements during that month compared to the months previous and following. The overall service caseload increased from 4,250 in March 1983 to 4,871 in March 1984. This rise is due to the increasing number of citizens who are unable to cope with the current economic and social pressures.

During the past year, office management developed proposals for improving caseload management by categorizing cases according to employability status, assignment by geographical location, and code identification. An analysis of the financial assistance caseload was completed. We anticipate that this action will provide cost-saving in transportation and facilitate casework management. It will also offer staff more opportunity to develop improved client assessments in preparation for employment.

Staff energies were extended with the planning and preparation of a total office relocation in May 1984 from 188 Prince Street to 17 Haviland Street (formerly Charlottetown Hospital).

Two positions have been upgraded to the social worker level in order to provide a higher degree of professionalism in the field.

During the past year, a restructuring of the Intake Team included an assistant supervi-

sor. This extra reporting line has decreased the supervisory workload pressures at Intake, thereby increasing its capacity to meet existing demands.

The regional co-ordinator for the Employment Preparation Program has been relocated to the regional office in order to serve clients directly in the area of job location and employment readiness.

This year's summer student program was a great success. Through the Youth Development Program the regional office employed two students for a ten-week project to provide recreational activities for high-risk protection caseload children. Three additional students were hired through the Departmental program as case aides.

Due to budget restraints, a major portion of staff training was co-ordinated within the regional office. The Family and Child Services Team established a committee to co-ordinate and meet their respective training needs. Staff did have opportunity to participate in a local workshop presented by Professor Laura Epstein which featured the task-centered approach in dealing with clients. In addition, various staff have received training in Employment Preparation, which emphasized assessment and evaluation skills around clients' employability.

In the area of defining inter-agency relationships, efforts have been made to develop better referral networks and jointly to work on a more effective and efficient delivery system with Mental Health, the Court System, private agencies and community groups. The relationship between addiction services and the Charlottetown regional office continues to flow smoothly. The level of co-operation and services to addicted clients has been enhanced by the liaison position. During the past fiscal year, the liaison person was involved as a consultant on 446 cases.

The decision to place adoption applications "on hold", has given staff an opportunity to improve the quality of service in the area of adoptions. The establishment of two adoption groups with prospective adoptive couples has provided an excellent forum for screening and assessment. Staff have devoted much effort toward placement of "special needs" children. The regional co-ordinator for foster home resources initiated and assisted with the creation of a Foster Parent Association for the region. The Association has provided a means of training and upgrading for services to wards of the Director.

As a result of public education and increased awareness in the community regarding sexual abuse of children, the number of referrals have increased significantly. Statistics on protection cases indicate a jump from 105 to 178 during the period March 1983 to March 1984, an increase of 69.5 per cent.

Our daycare services provide a valuable resource for children who require stimulated environments, as well as for parents who suffer from the stress of constant child care. Daycare services increased from 147 to 164 during the past fiscal year. Factors evolving over the past fiscal year which may have contributed to the increase are: increased requests for daycare subsidy from clients placed in jobs through the Job Creation Program; increased public awareness of daycare subsidy as a separate service; an increase in children taken into care.

In the area of Rehabilitation Services, this region received assistance from the Speech Language Pathologist of Region 5 in servicing one Unit 3 school. This resulted in the lowering of the number of cases being serviced by this region. All new speech therapy assessments were placed "on hold" due to the backlog of assessed clients awaiting therapy, thus allowing more time for direct therapy. Pre-natal classes were offered through Division of Nursing, to which workers referred clients and arranged for payment of registration fees with Divisional funds.

SOUTHERN KINGS AND EASTERN KINGS COUNTY REGIONAL OFFICES

(Region 4 — Montague and Region 5 — Souris)

Fiscal year 1983-1984 was significant for its programs/services, staffing, and staff training.

A highlight for the year was Government's purchase of a home in Montague for the Children's Group Home. This purchase followed many months of negotiations regarding relocation of the group home from Murray River. The new home offers many advantages because of its location, accessibility to community facilities and services, programs, accommodation for seven children, and household conveniences. The new home has enhanced the group home program significantly and is a tremendous resource to the children-in-care program.

A professional social worker was hired for a four-month period to assume sole responsibility for foster home recruitment. As a result, eight new foster homes were approved to meet the ever-increasing number of children coming into care. The success of this project demonstrated that resource development is possible if an individual's time can be devoted solely to that area.

Child protection and children-in-care statistics reached an all-time high over the year in the areas of sexual abuse, physical abuse, incest and serious neglect. Also, the demand for service to adolescents increased. It has been difficult to accommodate all demands and there is a continuing need for more resources and staff training. Other activities in the Child Welfare program include: a Foster Parent Appreciation Dinner, the beginning of a Foster Parent Association, adoption group work, a regional child care resource committee, a cluster foster home program attached to the children's group home, public education, a new approach to adoption intakes, and related training.

In October of 1983, Kings County initiated a one-year pilot project of a mail-in-review system for a specific category of financial assistance cases. An interim evaluation has revealed this process to be very successful and consideration will now be given to extending this particular practice to all regional offices.

The year has been busy in the mental retardation program. A mental retardation specialist was hired for the County during the year, thus providing a more professional service. However, due to the number of concerns in the area of mental retardation in the County, a special report was completed by a Ministerial Committee. This report was very detailed in its identification of difficulties and a number of significant recommendations were made which are now under consideration.

During the year, Kings County staff became involved in the Employment Preparation Program. E.P.P. training began in Kings County and staff were involved not only in training but also in developing the training program and format to be used in the other regional offices. This training proved to be very worthwhile for all staff involved.

The community has responded well to the Job Creation Program. As a result, many clients have been able to locate suitable work placements. Central office staff and regional office staff worked together closely towards realizing the objectives of the J.C.P. program.

The service caseload for March, 1984 in comparison to March, 1983 is as follows:

Region	March 1983	March 1984
Montague	929	926
Souris	629	540

The Montague caseload remained fairly consistent. However, the decrease in the Souris caseload can be attributed primarily to the number of clients placed in employment situations through the J.C.P. program. Other service areas in Souris remained fairly consistent.

In summary, the year has been busy and productive. The offices are well integrated into the community. Staff activity in terms of consultation, planning, and presentations has been high. A good rapport exists with all community agencies. All staff are commended for their hard work.

SERVICE BREAKDOWN BY REGIONAL OFFICE
For March 31, 1983, and March 31, 1984

SERVICE	O'LEARY		SUMMERSIDE		CHARLOTTETOWN		MONTAGUE		SOURIS		CENTRAL OFFICE		PROVINCE*	
	MAR/83	MAR/84	MAR/83	MAR/84	MAR/83	MAR/84	MAR/83	MAR/84	MAR/83	MAR/84	MAR/83	MAR/84	MAR/83	MAR/84
Financial Assistance	508	448	818	686	2,752	2,507	561	494	375	305	5	2	5,010	4,430
Rehabilitation	23	14	12	8	109	95	13	1	2	2	-	-	156	120
Visiting Homemakers	120	100	143	179	147	197	56	53	28	23	-	-	493	552
Homehelpers	8	5	33	13	39	42	10	7	15	11	-	-	103	77
Day Care	22	49	33	44	153	177	31	31	14	19	-	-	253	320
Nutrition	60	44	65	82	75	96	23	35	48	28	1	-	270	284
Speech Therapy	48	48	82	98	135	153	18	24	24	38	1	-	308	360
Counselling	38	62	17	33	118	110	31	46	15	17	1	1	219	269
Intake Review	-	19	-	-	4	6	9	33	1	6	-	-	14	64
Juvenile Delinquent	4	5	28	33	18	43	8	11	16	8	-	1	73	100
Protection	14	10	49	47	105	178	12	21	4	4	-	-	183	258
Children-in-Care	28	25	51	47	98	107	24	35	8	10	13	14	220	237
Adoptive Parents	8	7	44	28	63	34	15	20	14	11	-	2	144	101
Foster Parents	25	23	43	37	66	69	18	23	9	6	-	-	161	158
Audiology	109	76	233	179	598	454	100	91	56	52	9	2	1,100	853
Case Alert	-	-	-	-	-	-	-	-	-	-	184	226	184	226
Private Adoption	1	-	6	3	-	5	-	1	-	-	-	-	7	9
TOTAL SERVICES	1,016	935	1,657	1,517	4,480	4,273	929	926	629	540	214	248	8,900	8,418
TOTAL CASES	836	717	1,443	1,286	3,775	3,488	786	745	521	445	209	247	7,570	6,928

* The Provincial Totals may not add horizontally because services/cases transferring between regions are counted in both locations

DIVISION OF SERVICES TO THE AGING

L. G. MacNevin, Director

This, my 13th Annual Report as Director of Services to the Aging, will be the last one which I will have the honor of submitting to the Deputy Minister of Health & Social Services as my tenure in office will come to a close in June 1984.

Since the Divisions inception in 1971 I believe that it has contributed substantially to the improvement of the quality of life for many of the seniors on Prince Edward Island, not due to my efforts alone but through the efforts of the many dedicated people with whom I have been associated over the years.

I am sure that I can speak for them when I say that if we have accomplished anything then no credit or thanks is necessary, we have our reward. If, on the other hand, we have left undone those things we ought to have done we ask your kind indulgence.

To the new Director may I pass along my hope that he/she will enjoy the next thirteen years as I have the past ones.

Let me refer to the 1982-83 Annual Report and update the results of some of the programs to which reference was made in that report.

The reorganization and realignment of staff to a "full time" "part time" system took place with little confusion or disruption, and is now an acceptable method of staffing. Some staff shortage is still being experienced in some areas of the province but this will be overcome early in the 1984-85 year.

Community Based Services to the Elderly program is now "off the ground". Ms. Janet Yuill is the Director of the program. Co-ordinators for the Summerside area and Souris area will begin work early in the new year. As the program develops in these areas additional co-ordinators will be brought on to serve the other three regions of the province.

Educational Program for Aged as noted in the 1982-83 report is a federally funded project with a contract life of 3 years. A gerontology resource person, an educational specialist and a full-time secretary are now on staff. The program is now underway under the Direction of Janet Yuill.

Community Care Facilities program has also been established. The Community Care Facilities Act was proclaimed in October 1983. Mrs. Noreen Connolly has been engaged as Director of the program and she will be responsible to the C.C.F. Board for the administration of the Act. Mr. James Gaudet was appointed Chairman of the Board which includes Rev. James Fraser, Capt. Leonard MacKenzie, Mrs. Gail MacDonald.

Construction of the new 75 bed manor in Summerside is proceeding on schedule. The sod turning ceremonies took place in September 1983. The latest report indicates that construction should be completed in July 1984. The selection, training, and orientation of staff will take place early in 1984-85. The tenders for the supplying of furniture, bedding, small wares, etc. should be published in the early part of the new year.

The old Charlottetown Hospital is being renovated to office space; renovations should be completed in mid-summer of 1984. The first occupants will most probably be moved in by June 1984.

The plans for the renovations for the old P.E.I. Hospital are not yet completed. However, we expect tenders to be called in May-June 1984. The present residents of the Pro-

vincial Home for the Aged will be accommodated in the renovated premises. Plans for the replacement of Beach Grove have not yet been completed.

It is not possible to go into detail on the organization and accomplishments of the Division for the past year. however, since next year will see a change in the organization and the name of the Division, the organization as it was in March 1984 should be recorded in my view.

Basically the Division has two main components, i.e. a Headquarters or Main Office staff, and six Homes for the Aged.

The Head Office staff along with the Director are Miss Lynn Power, Administrative Assistant; Mrs. Kathy MacKinnon, Secretary; Mrs. Mary Plamondon, MSW and Mrs. Frances Williams, Placement Officers; Mrs. Judy Lougheed, B.N., Nurse Specialist; Mrs. Brenda Bulger, Dietitian; Mrs. Noreen Connolly, R.N., Program Director, Community Care Facilites; Ms. Janet Yuill, Program Director, Community Based Services; Mrs. Beryl Burke, Secretary, Community Based Services. A Registered Occupational Therapist position is vacant due to the resignation of Mrs. Donna Buell.

Many and varied are the tasks which each of these team members perform; many times beyond that which is normally expected of an employee. But, all go about their tasks with vigor, dedication and good humor.

The second component of the Division consists of six (6) Homes for the Aged. Again it is not possible to report on the many factors which go to make up the day to day operations. However, it is a privilege to report that the residents of the various homes are receiving a high quality of care because of a caring concerned staff and with the support of volunteers and various community agencies. These Homes are:

Maplewood Manor In Alberton who this year welcomed a new Administrator in the person of Mr. Graham Gaudet, a resident of St. Eleanors. Some of the highlights reported by Graham were: the beginning of the Key Worker program; the purchase of a new van with wheelchair lift; and the carrying out of some 23 in-service educational programs. The Manor was again granted a three year Accreditation Award by the Canadian Council of Hospital Accreditation for Long Term Care. This is a most outstanding achievement.

Summerset Manor In Summerside was pleased to host a visit of Their Royal Highnesses the Prince and Princess of Wales, a visit which will be long remembered by the residents of the Manor. Mrs. Margaret MacDonald, President of the Golden Years Club will celebrate her 100th Birthday in April 1984. The Manor, and indeed the Department, said goodbye and farewell to Alma Gaudet, Irene MacKinnon, Dorothea Walmsley, Vivien Yeo and Herbert Simmons. These retirees represented a total of 75 man years to Summerset Manor. Volunteers were a major part of the activities at the Manor and are appreciated most sincerely. With regret we record the illness of Jim Harris, Administrator of Summerset since its opening in 1965. Although Jim is at home, his advice and guidance is sought and freely given. In Jim's absence, Mrs. Florence Gates has performed the herculean task of being both Director of Resident Care and Administrator. The Department is most conscious of the excellent job that she is doing under difficult conditions.

Riverview Manor, Montague Resident's Council was successful in receiving three workers under a NEEDS program to assist Senior Citizens in putting together a newsletter for seniors. This will be a monthly publication. Under a similar program the Resident's Council were successful in having a new 14 passenger bus purchased to serve the residents of Southern Kings area. During the past year three long time employees retired from the service in the persons of Tess Wagner, R.N., Hazel Moore and Irene Kemp. A debt of gratitude is owed to these excellent dedicated people. The Activities Director, Peggy Gillis,

resigned and Sadie MacKenzie became the new replacement. A new position was created, that of Occupational Therapy Worker which was filled by Thelma Johnston.

Colville Manor, Souris reports that it has received a three year Accreditation Award from the Canadian Council of Hospital Accreditation for Long Term Care. This is a prestigious award and all those concerned with this accomplishment are to be congratulated. Inez Dixon retired as Food Service Manager and Joan Murchison was welcomed in her place. A NEEDS project was responsible for the construction of a patio deck which is now being enjoyed by the residents.

Provincial Home for the Aged, Charlottetown have taken on a Meals-on-Wheels program which has proven to be most successful and has been most appreciated by the program organizers. During the year Mrs. Ardith Arsenault, R.N. was seconded from Beach Grove into the Director of Resident Care position. Ms. Kathleen Campbell resigned her position as Dietitian. Ms. Betty Morris was welcomed by the staff. The Brecken House adult person day care is producing results and is a major program at Provincial Home for the Aged.

Beach Grove, Charlottetown is our largest home at 125 beds. Some of the innovative programs initiated during the past year were the Resident Orientation Program in which a trained staff member visits the home of a person who has been offered admission to Beach Grove. The Dietary department is using a computer to help identify deficiencies in recipes. The result should be more appropriate to the specific needs and condition of residents. A research/study was done on diabetic dessert recipes and nutritional assessments. Also a Drug and Food interaction study. The program of student placements was carried out whereby students from the School of Nursing, L.N.A. School and Resident Care Worker students from Holland College gained valuable experience.

In closing this report I wish to express my appreciation to the various Ministers and Deputy Ministers of the Department of Health and Social Services for their support of the programs of the Division and for their encouragement and guidance over the years.

ANNUAL REPORT OF RESIDENTS
ALL HOMES AND MANORS 1983-84

A.			Under 60	60 64	65 69	70 79	80 89	90 99	Over 100	Total
1. Residents as of 1 April 1983		M	4	8	11	52	86	31	3	195
		F	-	3	14	53	143	81	4	298
2. New Admissions	(a) Hospitals	M	-	-	2	5	11	1	-	19
		F	-	-	-	7	11	7	-	25
	(b) Psychiatric	M	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-
	(c) Community	M	1	2	1	8	13	5	-	30
		F	-	1	-	10	20	6	-	37
	(d) Other	M	-	-	-	1	2	1	-	4
		F	-	-	1	3	2	1	-	7
3. Total Under Care		M	5	10	14	66	112	38	3	248
		F	-	4	15	73	176	95	4	367
4. Discharges During Period		M	1	2	-	4	3	-	-	10
		F	-	-	-	3	7	-	-	10
5. Deaths:	In House	M	-	1	2	8	16	7	2	36
		F	-	-	1	7	23	17	2	50
	In Hospital	M	-	-	1	2	5	2	1	11
		F	-	-	1	1	6	4	-	12
6. Total Separations (4 + 5)		M	1	3	3	14	24	9	3	57
		F	-	-	2	11	36	21	2	72
7. Residents as of 31 March 1984 (3 - 6)		M	4	7	10	53	89	28	-	191
		F	-	4	13	61	137	76	4	295
8. Total Residents			4	11	22	110	224	110	4	485

Average Length of Stay: 4 Years 5 Months 5 Days

B.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Total
Capacity	14850	15345	14850	15345	15345	14850	15345	14850	15345	15345	14355	15345	181,170
Resident Days	14492	14846	14652	14967	14916	14417	14935	14445	14921	14838	13922	15008	176,359
% Occupancy	97.6	96.7	98.6	97.5	97.5	97.1	97.3	97.3	97.2	96.7	96.9	97.8	97.3

C. Levels of Care Residents as of 31 March 1984	Number of Persons Includes Bedridden	Number of Bedridden Persons
1. Level I Highly Functional	8	-
2. Level II Minimal Loss of Functional Ability	182	1
3. Level III Moderately Functional	199	1
4. Level IV and Minimal to Low Functional	96	12
Total Residents (1 through 4)	485	14

MANAGEMENT SERVICES DIVISION

Rick Callaghan, Director

During this fiscal year, the former Division of Finance and Administration and the Human Resources Unit were amalgamated to form the Management Services Division. This Division is now under the direction of Rick Callaghan who was Director of the former Human Resources Unit.

In May of this year Ralph Dumont, Director of the former Finance and Adminstration Division, retired after twelve years service with the provincial government. Mr. Dumont, a dedicated and valued employee, was responsible for designing and implementing many of the financial and administrative procedures and systems currently in effect in the Department. His orderly and systematic approach to management as well as his unique sense of humor are sorely missed by his staff and colleagues.

Personnel — This unit was heavily involved in all personnel matters in the Department such as coordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board, and Executive Council. In addition, the Director was chairman of a group who conducted a major organizational study of the Division of Field Services.

Health Manpower Planning — The Director is responsible for Health Manpower Planning on a Federal/Provincial level and represented the province at meetings held to deal with manpower issues for all health occupations, and particularly with Physician Manpower and Dalhousie Medical School.

Prosecutions — The Division's responsibility for coordinating the work of the several agencies involved with prosecution of persons suspected of welfare fraud has progressed favourably. The Departmental Committee on Prosecutions had four meetings during the year. As the result of these meeting 39 client summaries were submitted to the Department of Justice for consideration. Of these summaries there were seven convictions. The Committee met with Richard Hubley, Crown Prosecutor, to obtain some guidance as to proper procedures to follow when addressing these summaries. New guidelines and procedures were drawn up at this meeting. These will be adhered to in the future.

Managment Information System — The operation of the Management Information System was fairly routine. The Audiology auxiliary data base was determined to be too cumbersome in its procedures and reporting. This linkage with the MIS was discontinued on March 31, 1984. A separate, simplified data base was set up effective April 1, 1984. Data collected in connection with a survey done on Day Care/Kindergarten users was compiled and reported upon. The government computer was also used to set up a data base for the Job Creation Program (JCP) to do the cost analysis. Work was also begun to redesign Division of Nursing forms and incorporate them into the departmental forms ordering system.

EMERGENCY WELFARE SERVICES

J. Donald Seaman, Director

The authority for organizing and providing Emergency Welfare services within the province is derived from the Emergency Measures and Disasters Act (1959). Our aim is the organization of such services as will meet the essential survival needs of people following a disaster and to provide temporary rehabilitation assistance until regular predisas-

ter welfare services resume operation or until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visiors from mid June to Labour Day weekend.

During the past year 26 employees of the Department attended the emergency training courses at the Federal Study Centre at Arnprior, Ontario. These courses are totally funded by the Federal Government.

Five employees attended the Homes of Special Care Course and 21 attended the course on Community Emergency Planning.

The courses are designed to facilitate planning methods for the five responsibilities of Emergency Welfare Services, namely, feeding, clothing, lodging, special services, and registration and inquiry.

WELFARE ASSISTANCE APPEALS BOARD

George Cheverie, Chairman

I am pleased to submit the Annual Report on the operations of the board for the year ending 31 March, 1984.

During the period 1 April 1983 to 31 March 1984 the Board conducted 53 sittings, in which 60 appeals were received. This was an increase of 14 cases over the previous 12 month period. Of these 19 were allowed, 39 were denied and 2 were withdrawn by the appellants. While the ratio of allowed to denied appeals has increased over the past year, the Board feels that there is still a significant and sufficient reason for the existence of the appeals system in the administration of social services.

Early in 1984 the Chairman attended a three-day workshop for appeals board chairpersons and other members, in Ottawa. This workshop provided a rare opportunity to share experience and knowledge with persons from all parts of the nation. Several sessions were spent in dealing with actual cases and a number of papers on related subjects were presented by some board chairmen, including myself.

The Board sincerely commends all levels of the staff of the Department for their courtesy and cooperation at all times.

APPENDIX

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
SUMMARY OF REVENUE AND EXPENDITURE
For the Period April 1, 1983 to March 31, 1984

	Revenue	Expenditures
Departmental Management	$ 17,090,300	$ 1,200,200
Pharmacy	41,100	1,115,700
Oncology	-	107,600
Dental Public Health	38,800	1,518,700
Community Mental Health	-	966,200
Hillsborough Hospital	339,000	5,594,800
Nursing	45,900	1,398,000
Community Hygiene	-	284,500
Special Care Unit	262,200	1,964,500
Special Services	27,200	2,074,600
Job Creation	-	3,007,600
Field Services	81,100	26,126,700
Home Care	11,500	1,075,000
Group Homes	-	1,178,600
Services to the Aging	3,431,800	12,786,000
	$ 21,368,900	$ 60,398,700